



**SCHOOL ADMINISTRATOR/
COUNSELOR REFERENCE FORM
1st – 8th Grade Applicants**

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

For Parents: My child, _____ has applied for admission to Immanuel Christian School to enter _____ grade for the 20____ - 20____ school year. I authorize the person named below to provide an evaluation and all relevant information to Immanuel Christian School for purposes of my child's application.

Name of School: _____ **Dates of Attendance:** _____

Name of Person Completing Form: _____

Position: _____

Required Parent Signature: _____ **Date:** _____

If submitting electronically, please type your initials above to serve as your signature.

I hereby waive my right to view this recommendation in the future.

Parent Signature: _____ **Date:** _____

If submitting electronically, please type your initials above to serve as your signature.

THIS SECTION TO BE COMPLETED BY ADMINISTRATOR OR COUNSELOR

The above named student has applied for admission to Immanuel Christian School. As part of the admission process we have asked for a reference from a current teacher. In addition, we require a reference from a school administrator or counselor. Please complete this form along with any additional comments you feel will help us make a more accurate assessment and placement of this student. If the parent has signed the waiver above, your recommendation will be kept confidential.

I have known this student for _____ years _____ months.

What is the nature of your interaction with this student? (Check all that apply):

Occasional Greeting

Friendly Interaction

Regular Conversations

No Behavior Issues

Occasional Correction

Frequent Disciplinary Action

School behavior (Check below):

Outstanding Citizen

Above Average

Average

Below Average

Please comment on any noteworthy aspect of the student's school behavior:

Social and Emotional Development and Interaction (Check below):

Outstanding Friend

Above Average

Average

Below Average

Please comment on this student's social and emotional development if significant:

Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, learning differences, special talent in arts or athletics, etc.):

Please indicate your knowledge of the student-parent relationship. (Check below):

Outstanding *Above Average* *Average* *Below Average*
Comment if applicable:

Please describe the parents' relationship with teachers and the school. (Check below):

Outstanding *Above Average* *Average* *Below Average*
Comment if applicable:

This report is based on (check all that apply):

Personal Contact Counselor Contact Teacher Comments Records Only

Would you be willing to discuss this child by telephone if we have further questions? Yes No

Is there information about this child that would be better communicated by telephone? Yes No

Has the family satisfied all financial obligations to your school (if applicable)? Yes No N/A

If no, please comment:

Additional comments you would like to add:

Evaluator's Printed Name: _____ Date: _____

Evaluator's Signature: _____

If submitting electronically, please type your initials above to serve as your signature.

Phone: _____ Email: _____

QUESTIONS? Email admissions@icsva.org or call 703.941.1220.

Please complete electronically or print out and complete by hand. If completing electronically, save as a pdf and attach in email to admissions@icsva.org. If printing out, fax to 703.563.3772 or mail to following address:

IMMANUEL CHRISTIAN SCHOOL

Attn: Admissions Office

6915 Braddock Road

Springfield, VA 22151