



## CONFIDENTIAL TEACHER REFERENCE

The student named below has applied for admission to The Glenfir School and has provided your name as a reference. The admission committee would be most appreciative if you would kindly furnish them with the information requested.

Applicant's Name \_\_\_\_\_  
(Last) (Middle) (First)

Current Grade Level \_\_\_\_\_

How many years have you known the candidate? \_\_\_\_\_

In what capacity? \_\_\_\_\_

How does the applicant relate to his/her peers? Please be as specific as possible providing anecdotes where appropriate.

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Please describe specifically any attitudes and abilities which appear to you to be noteworthy.

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Please indicate any activities in which you know the applicant has participated with distinction.

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In your opinion, the applicant's two greatest personal strengths are:

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In your opinion, the applicant's two greatest personal weaknesses are:

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In comparison with other young people of his/her age whom you have known, how would you rate the applicant as a person? (Please circle one)

Outstanding    Excellent    Above Average    Average    Below Average

Please rate the applicant in the categories listed below. If you feel unable to make a judgment in a particular category, place a check in the final column.

Category	High	Average	Low	No Rating
1. Integrity				
2. Ability to Adjust				
3. Concern for others				
4. Leadership potential				
5. Emotional stability				
6. Status with peers				
7. Study habits				
8. Perseverance and industry				
9. Enthusiasm				
10. Physical vigor and stamina				
11. Sense of humor				

We would appreciate additional comments you may wish to make about the applicant in writing or by telephone (250) 494-0004. Thank you.

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Date: \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Please return to:

The Glenfir School – Admissions  
 Box 1800, Summerland, BC CANADA V0H 1Z0  
 Phone: (250) 494-0004 Fax: (250) 494-0058 www.glenfir.com