



CONFIDENTIAL TEACHER REFERENCE

FORM

Please complete and return this form directly to the Westminster International School: info@westminsterinternationalschool.org

STUDENT/SCHOOL INFORMATION

Name of Child *First/Last/Middle*

Date of Birth *Day/Month/Year*

Name of present school

Language of Instruction

School Address

Email Address

Telephone Number

Class Teacher

Name of person submitting reference form

Position

Length of time acquainted with student

Frequency of contact with student (daily, weekly, other)

YOUR IMPRESSIONS OF THE STUDENT - Please rate the following from 1-10 (1 = very low, 10 = extremely high)

	1-10	Comments
Level of Motivation		
Study Habits		
Organizational Ability		
Ability to work independently		
Self-discipline		
Self-confidence		

General Behavior		
Relationships with peers		
Relationships with adults		
Leadership		
Maturity		
Parents' role in the child's education		

Does the child receive any additional support/extension or special considerations? If so, please describe:

Please describe the child's attendance record:

Good attendance record.

Other comments that may be helpful:

Thank you very much for completing this reference form.

Piazza G. Toniolo, 4 – 56125 Pisa ITALY