

Teacher Evaluation, continued.

4. To your knowledge (yes or no), does the student have any known:
Learning Disabilities ____? Emotional Problems ____? Hyperactivity or Attention
Deficit Disorder ____?
5. Please list applicant's greatest strength:

6. Please list applicant's greatest weaknesses:

7. Remarks:

SIGNATURE OF REFERENCE: _____ DATE: _____

PARENT'S STATEMENT

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my student, knowing that I will not see this evaluation form upon completion.

Signed: _____ Date: _____

Name and address of reference:

Occupation of Reference:

Harvest Christian School admits qualified students without regard to race, color, religion, sex, and/or national or ethnic origin except where there are conflicts with specific religious tenants held by the institution and its controlling body.