

LCA NEW STUDENT REFERENCE

This form is a reference questionnaire for a student requesting enrollment at Lester Coon Adventist School, 11429 Bates Road, Apison, TN 37302. Please assist the registration process by sharing your perspective and comments as an administrator, teacher, care provider, pastor or other position of authority for the following young person:

PROSPECTIVE STUDENT'S NAME: _____

On this scale, **1 = Poor** and **5 = Outstanding**. This information will be kept confidential and will not be shared with the applicant or parents or guardians. If a description is not applicable, please note N/A in the far right space.

ACCEPTANCE OF RESPONSIBILITY	1	2	3	4	5
MATURITY FOR AGE GROUP	1	2	3	4	5
ABILITY TO MAINTAIN ATTENTION SPAN	1	2	3	4	5
SOCIAL DEVELOPMENT AND SKILLS	1	2	3	4	5
ABILITY TO CONTROL EMOTIONS	1	2	3	4	5
POSITIVE INFLUENCE ON PEERS AND FRIENDS	1	2	3	4	5
CHRISTIAN CHARACTER	1	2	3	4	5
ATTENDANCE	1	2	3	4	5
COOPERATION WITH AUTHORITY	1	2	3	4	5
MOTIVATION FOR LEARNING	1	2	3	4	5

ARE THERE ANY SPECIAL LEARNING NEEDS THAT YOU HAVE OBSERVED? _____

HAS THE FAMILY BEEN SUPPORTIVE OF YOUR SCHOOL'S OR ORGANIZATION'S EFFORTS, IF RELEVANT? _____

OTHER COMMENTS: _____

You are encouraged to use the backside of this form or to call the school at 423-236-4926 or fax 423-236-5677 if your reference requires additional explanation or discussion with LCA's Principal or a member of the Admissions team. Please sign below and note your title before returning this form to the school via fax or in the postage-paid envelope provided.

Signature

Title

School or Organization

Date