



HAWAIIAN MISSION ACADEMY

1438 Pensacola Street, Honolulu, Hawaii 96822-3821

Telephone: (808) 536-2207 - FAX: (808) 524-3294

www.hawaiianmissionacademy.org

CONFIDENTIAL EVALUATION

To be completed by family

Student's current grade level **8 9 10 11 12**

Name of student _____
(Please print) Last First Middle Commonly called

TO THE PARENT/GUARDIAN/SPONSOR

1. Please type or print the information requested above and on the first line of the reverse side.
2. Complete and sign the following statement of consent to the teacher. The information on the TEACHER REFERENCE REPORT is strictly confidential and will not be shared with you or anyone beyond the Hawaiian Mission Academy Admissions Committee and will only be used for admissions purposes.

I hereby give my permission to release the information that is requested on the TEACHER

REFERENCE REPORT regarding my child, _____
for the purpose of admission to Hawaiian Mission Academy.

Parent/Guardian/Sponsor Name

Parent/Guardian/Sponsor Signature

Date

3. Give a TEACHER REFERENCE REPORT to two of your child's teachers in the academic areas of English, Math, Social Studies, Science or Language.
4. If your child currently has one teacher, give the second form to your child's previous year's teacher.
5. Please provide the teacher with a stamped envelope addressed to:

Hawaiian Mission Academy
Office of Admission
1438 Pensacola Street
Honolulu, HI 96822

TO THE TEACHER

We sincerely appreciate your willingness to complete the TEACHER REFERENCE REPORT for this student, who is an applicant for admission to Hawaiian Mission Academy. We regard your professional evaluation of this student as a part of the criteria used in considering his/her application. The parent/guardian/sponsor is aware that any information you supply will be held in strict confidence. Please return this evaluation to the Office of Admission in the provided self-addressed envelope as soon as possible. Should you have any questions, feel free to call our office at 808.536.2207 x202.

HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS

Common Teacher Reference Report – Grades 2-12

Applicant's Name _____ Grade Applying _____
Last First Middle

Class Level: Accelerated _____ High _____ Average _____ Low _____ Heterogeneous _____

Subject and/or Grade _____ Self-contained Yes No

Please check (✓) the appropriate rating. N/A (not applicable) may be used in areas where there is insufficient information.

Academic Qualities

Motivation (effort, drive)	●	●	
	rare	moderate	maximum
Ability to work alone	●	●	
	needs help frequently	needs help occasionally	works well
Homestudy habits	●	●	
	never completes assignments	completes assignments	does more than expected
Participation in discussion	●	●	
	contributes when called on	volunteers occasionally	joins in readily
Ability to express ideas orally	●	●	
	has some difficulty	good	exceptionally good
Use of time	●	●	
	poor	average	excellent
Organization of work	●	●	
	poor	average	excellent
Follows direction	●	●	
	needs much explanation	needs occasional help	responds quickly

Personal Qualities

Leadership potential	●	●	
	a follower	occasionally seeks opportunities	natural leader
Classroom conduct	●	●	
	poor	average	excellent
Cooperates with adults	●	●	
	rarely	usually	always
Personal/social adjustment	●	●	
	relates poorly with others	fluctuating relationships with peers; generally happy person	healthy self image; healthy peer relationships
Ability to work in a group	●	●	
	rarely	usually	always
Consideration of others	●	●	
	rarely	usually	always
Takes initiative	●	●	
	rarely	usually	always
Fulfills responsibilities	●	●	
	rarely	usually	always
Uses suggestions or corrections	●	●	
	rarely	usually	always

We appreciate additional observations about this applicant. _____

Print or Type Name _____ Teacher's Signature _____

School _____ School Phone # _____ Date _____