

DECATUR CHRISTIAN SCHOOL
TEACHER REFERENCE FORM
(Office Use Only)

Name of Student _____ Date _____

Name of Counselor or Teacher _____ Title _____

School _____

Length of Acquaintance _____

Decatur Christian School would like to uphold the highest standards possible in academics and Christian morals. We would ask you to complete the following information briefly and mail to Decatur Christian School, 137 S. Grant St., Forsyth, IL 62535.

Thank you for your assistance.

1. Would you briefly describe the student's attitude, including attitude toward teachers, students, and class work.

2. Has this student been involved in discipline actions?

3. How would describe this student's academic level of performance?
