

# Pine Tree Academy Student Reference



Student Name: \_\_\_\_\_

## Family Educational Rights and Privacy Act (Buckley Amendment)

Under the provision of this act, you have the right, if you enroll at Pine Tree Academy, to review your educational records. This act further provides that you may waive your right to see recommendations for admission. Please indicate by checking the appropriate box and signing your name, whether or not you wish to waive that right.

- I do not waive my right to see this document  
 I do waive my right to see this document

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The student listed above has applied for admissions to Pine Tree Academy and is requesting a referral from you. Your answers to the following questions will aid us in evaluating the applicant. Please mark the appropriate ranking that would most accurately describe the behavior and attitude of the applicant. If you have not had an opportunity to observe a given characteristic, please mark "Do Not Know." If the applicant waives their right to see the recommendation, all letters of recommendation will remain confidential.

When completed, please tri-fold this form and mail it to us. The applicant, as well as Pine Tree Academy, will appreciate a prompt reply within seven days.

	Superior	Above Average	Average	Fair	Poor
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Vigor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How Long Known Applicant: \_\_\_\_\_