



ST. JOHNSBURY ACADEMY

1000 Main Street, St. Johnsbury, Vermont 05819
 Telephone: (802) 751-2130, Fax: (802) 748-5463
 www.stjacademy.org

ENGLISH TEACHER REFERENCE FORM

Applicant's Name	
STUDENT LAST NAME	STUDENT FIRST NAME

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.

This form is to be used as a reference for admission purposes. As currently interpreted by the Department of Education, the Act provides that applicants who subsequently enroll will have a right to inspect and review the evaluation if it is retained by the Academy, unless that right is waived in writing. Sign your name below only if you wish to waive your right of access.

I request that this reference form be sent to St. Johnsbury Academy with the understanding that it will be used for admission purposes. I understand that I may not read this reference and agree to waive my right of access.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Your name has been given as a reference by this applicant. The information you provided will be used in the pre-admission process and will not become part of the permanent file. Your assistance is appreciated.

How long have you know this student? _____

In what capacity? _____

Please make the following ratings as realistic as possible, keeping in mind that St. Johnsbury Academy offers a comprehensive curriculum providing remedial through Advanced Placement courses in all academic departments. Outstanding vocational preparation is also available.

	Excellent Top 10%	Above Average	Average	Below Average	Poor Bottom 10%
Ability to get along with other students					
Politeness					
Self-discipline					
Maturity					
Study habits & organization					
Energy					
Perseverance under pressure					
Leadership					
Self-confidence					
Sense of humor					
Warmth of personality					
Concern for others					
Reaction to criticism					

