

Baton Rouge Lutheran School

10925 Florida Blvd., Baton Rouge, LA 70815-2009

Telephone (225) 272-1288

Harmon Butler
Principal

Previous School Referral Form

Fax (225) 272-8504

Kindergarten – Grade 2

Applicant's Name _____ Date _____

PARENT WAIVER

Dear Parent or Legal Guardian,

Please write your child's name in the space above and read and sign the following before giving this referral form to your child's current school along with a stamped enveloped addressed to Baton Rouge Lutheran School.

I understand and agree that the information contained on the School Referral Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. My signature acknowledges my permission for the teacher or school official to complete the form and return it directly to BRLS. I also agree to waive my rights to view this form.

Signature of parent or legal guardian

Date

Dear Educator,

The student named above has applied for admission to Baton Rouge Lutheran School. We would appreciate your assessment of this student in comparison to other students of the same chronological age. Your candid, honest, and thoughtful assessment of this applicant will be very helpful. This information will be kept confidential, and will not become part of the student's permanent file. If you have any questions concerning the requested information, please contact the school. Thank you for your assistance. The student's application cannot be processed until this form is received by Baton Rouge Lutheran School.

Please respond to the following:

1. Describe the student's relationship with teachers and other adults.
2. Describe the student's relationship with his/her peers.
3. Describe the parents' expectations of both the child and his/her school.
4. Rate the student's personal and academic characteristics in the following areas by placing a checkmark in the appropriate blank. Please feel free to add any comments on another sheet of paper.

(Continued on the other side)

	Exceeds Expectations	Age Appropriate	Not age appropriate
Level of maturity	_____	_____	_____
Academic readiness	_____	_____	_____
Self-help skills	_____	_____	_____
Curiosity	_____	_____	_____
Listening skills	_____	_____	_____
Response to limits	_____	_____	_____
Self-directed	_____	_____	_____
Communication Skills	_____	_____	_____
Self-control	_____	_____	_____
Grasps New Concepts	_____	_____	_____

5. Has the child had any on-going problems with the following behaviors? Circle all that apply.

Hitting	Biting	Wetting/Soiling	Listening/Obedying
Cooperation	Motivation	Kicking	Attention

6. Please describe any special or unusual characteristics that you feel are important in evaluating this child. This may be a strength, weakness, or concern that you see as relevant.

7. Please include any additional comments that you feel are important.

8. I recommend this student:

_____ with enthusiasm	_____ with confidence
_____ with reservations	_____ I do not recommend

Name of person completing evaluation _____ Title _____

Relationship to applicant _____

Length of time acquainted with student _____

School _____

Address _____

School telephone number _____

Signature _____ Date _____