

**LAMB OF GOD LUTHERAN SCHOOL**  
**6232 N. JONES BLVD.**  
**LAS VEGAS, NV 89130**  
**(702)645-1626**  
**(702)645-6031 (FAX)**

Sanna L. Klipfel, Administrator  
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**PREVIOUS SCHOOL REFERRAL FORM**

Name of Applicant \_\_\_\_\_ Candidate for Grade \_\_\_\_\_

PARENT WAIVER

*I understand and agree that the information contained on the Academic 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 Lamb of God Lutheran School. I also agree to waive my rights to view this form.*

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date

**This form is to be completed by the regular classroom teacher.**

Dear Educator:

Please complete this entire form and see that it is promptly returned to LAMB OF GOD LUTHERAN SCHOOL, in the self-addressed stamped envelope provided herewith. Please evaluate the candidate based on your direct knowledge of him/her. We ask that you keep in mind that the applicant should be evaluated in comparison to other students of the same chronological age. We thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments. The student's application cannot be processed until this form is received by LAMB OF GOD LUTHERAN SCHOOL.

The candidate's general academic ability is...

Superior  High Average  Average  Below Average

<b>Academic Ability</b>	<b>Always</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Seldom</b>
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Enjoys new challenges				
Expresses written solving abilities				
Expresses verbal ideas clearly				
Exhibits problem solving abilities				
Is self-motivated				
Is intellectually curious				
Is prepared for class				
<b>Social Skills</b>				
Establishes friendships easily				
Is comfortable in a group				
Is respected by faculty				
Takes pride in appearance				
Respects those in authority				
Demonstrates self control				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate social behavior				

<b>Physical Development</b>	<b>Excellent</b>	<b>Good</b>	<b>Needs Improvement</b>
Exhibits emotional maturity			
Gross Motor Coordination			
Speech/Articulation			
Fine Motor Coordination			
General Health			

**Circle the words that best describe this applicant:**

Aggressive	Honest	Immature	Disobedient
Self-disciplined	Mature	Oppositional	Vivacious
Manipulative	Conscientious	Over-protected	Social
Cheerful	Self-centered	Follower	Shy
Confident	Irritable	Easily Discouraged	Perfectionist
Helpful	Witty	Responsible	Motivated
Positive leader	Anxious	Articulate	Well-liked
Organized	Negative leader	Emotionally erratic	Impulsive
Low self-esteem	Respects authority	Disrespects authority	Artistic
Short-tempered	Emotionally stable	Considerate of others	Athletic

Please give any additional information that may be helpful in evaluating the candidate. List medication and effects. Attach another sheet of paper if necessary. \_\_\_\_\_

How long have you known the candidate and in what capacity? \_\_\_\_\_

Is there anything regarding the family that would be helpful for us to know? \_\_\_\_\_

Name of current school \_\_\_\_\_ Date \_\_\_\_\_  
 School address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Signature of Educator \_\_\_\_\_ Position \_\_\_\_\_

**Principal/Administrator should complete the following portion of this form.**

<b>Family Matters</b>	<b>Always</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Seldom</b>
Participates in school activities				
Supports school policies and procedures				

<b>Student Attendance</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please explain</b>
Has poor attendance been of concern to your school?			
Has habitual tardiness been of concern to your school?			
Has the candidate ever been suspended from your school?			
Has candidate been expelled from your school?			
Diligent in regards to attendance, tardies, etc.			
School financial matters in good standing			

Please attach a sheet of paper with any additional information that may be helpful in evaluating the candidate.

Signature of Principal/Administrator \_\_\_\_\_ Date: \_\_\_\_\_