

St. Elizabeth Elementary School  
1516 33<sup>rd</sup> Ave  
Oakland, Ca 94601

## Confidential Reference Form ( TK-8<sup>th</sup> Grade)

**\*\*Note: This form is the property of St. Elizabeth School  
and will not be disclosed to the applicant\*\***

PLEASE TAKE THIS FORM TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_  
Address City Zip

Teacher \_\_\_\_\_ School Phone # \_\_\_\_\_

Please release the requested information for the above named child and return it to St. Elizabeth School at your earliest convenience. Thank you.

Parent Signature \_\_\_\_\_

Subject	Outstanding	Good	Satisfactory	Needs Improvement	Unsatisfactory
Math					
English					
Reading					
Conduct in class					
Conduct out of Class					
Effort					
Attendance					
Tardies					

**PERSONAL QUALITIES**

Concern for Others					
Ability to Act Independently					
Ability to work Cooperatively					

**ACADEMIC QUALITIES**

Study Habits including homework					
Attention Span					
Motivation					
Critical & Abstract Thinking					
Ability to Organize & Communicate Ideas					
Follows Oral & Written directions					
Completes tasks in a reasonable time					

**PLEASE COMPLETE THE BACK OF THIS FORM**

Is this student currently receiving or has s/he received any special services or educational testing? (i.e. speech and language, resources, tutoring) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student currently under IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Reading Series: \_\_\_\_\_ Present level of child: \_\_\_\_\_

Please comment: \_\_\_\_\_  
\_\_\_\_\_

Math Series: \_\_\_\_\_ Present level of child: \_\_\_\_\_

Please comment: \_\_\_\_\_  
\_\_\_\_\_

Discipline- Please comment: \_\_\_\_\_  
\_\_\_\_\_

Final grades from last report card

Results of most recent standardized testing

Date of Issue \_\_\_\_\_

Testing Date \_\_\_\_\_

Reading: \_\_\_\_\_

Name of Test: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_ Math: \_\_\_\_\_

Language Arts: \_\_\_\_\_

Language Arts: \_\_\_\_\_

Is there any additional information that should be discussed by phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone: \_\_\_\_\_

**For Private/Parochial Schools**

Are tuition and fee payments current? Yes \_\_\_\_\_ No \_\_\_\_\_ If not explain: \_\_\_\_\_  
\_\_\_\_\_

Please describe the level of parental participation and support \_\_\_\_\_  
\_\_\_\_\_

Mail to:

St. Elizabeth Elementary School

1516 33<sup>rd</sup> Ave

Oakland Ca 94601

Signed \_\_\_\_\_

Position \_\_\_\_\_