



Student's Name _____

How long have you known the student and what is the basis of your relationship? (Pastor, Employer, Teacher, etc.)

	Unknown	Weak	Average	Very Good	Excellent
Level of emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Christian maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive influence on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a servant's attitude	<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"/>

Witness Reference:

	Unknown	Frequently	Occasionally	Never
Does the student consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student use tobacco in any form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. What is the student's attitude toward and relationship with:

Parents: _____

Other authority figures: _____

Opposite sex: _____

2. Are there any behavioral issues that we should be aware of? _____ If yes, please explain: _____

3. What are the student's special talents and abilities? _____

4. What evidence of a Christian testimony have you observed? _____

5. Would you personally recommend this student to participate in Kaleo Academy? Why or why not? _____

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 May we contact you with any further questions about this student? Y or N

Your Name: _____

Address: _____

Your Position/Title: _____

City: _____

Email: _____

State: _____ Zip Code: _____

Phone Number: _____