

# Delta Academy of Applied Learning Teacher / Resource Consultant Referral Form

Please complete this form and return it to the referred student or his/her parent  
in a sealed envelope.

This student, \_\_\_\_\_

**always**

**occasionally**

**hardly ever**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

turns in complete homework on time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

fully participates in group activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

does their best on every task.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

functions at or above grade level in most areas.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is punctual.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

has good attendance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

shows an eagerness to learn.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is respectful of self and others.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

accepts responsibility for his/her own behavior.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

has parents/guardians that are positively  
involved in student learning.

**Comments:**

**Signed:** \_\_\_\_\_  
**Contact Information:**

**Title:** \_\_\_\_\_