



2415 Silas Creek Parkway
Winston-Salem, NC 27103
(336) 725-1651 • Fax (336) 725-1603
www.StJohnsFalcons.org



Letter of Reference

(Mail or fax to the above address)

Please complete this letter of reference for: _____

Person completing reference: _____

Title/position: _____ Date: _____

School: _____ Years taught/known student: _____

Dear Teachers:

Please be candid as you share information about the student. This information is and will remain confidential. Please respond with information regarding the student's conduct, and development emotionally, socially, and physically. Other questions that may be helpful: Do you have concerns about the student? What are the student's strengths?

____ I recommend this student without reservation.

____ I recommend this student with some reservation.

____ I do not recommend this student.

Signature: _____