

Millen Primary School Teacher Reference Request

Please submit this form to the teacher when requesting a letter of reference, and attach a copy of the application form for the program to which your child is applying.

Date submitted:	Requested date	e of completion	
	(please allow a	(please allow at least two weeks' notice):	
Student's Name:		Student's Year Level:	
Student's Teacher/s:			
Future school and program of stu	udy student is applying for	r:	
Reference letter to be addressed	I to:		
Child's level of academic achieve	ement in relevant learning	areas (A, B, C, D or E grades):	
Reading Grade:	_	Math Number Grade:	
Writing Grade:		Math Geometry Grade:	
Speaking & Listening Grade:		Math Measurement Grade:	
Other relevant learning area grad	les:		
	_		
Child's involvement in school act	tivities (clubs, sports, scho	ol committees, events):	
School related leadership experi	ence (include dates/years):	
		•	
School related awards and achie	vements (include dates/ye	ears):	
Child's interests and talents.	_		
Child's interests and talents:			
Child's future goals:			