



Willow Hill School
98 Haynes Road
Sudbury, MA 01776-1343
Phone: (978) 443-2581 Fax: (978) 443-7560

Student Reference

Student: _____ Date of Birth: _____

This student has applied to Willow Hill School, a program for students with learning style differences. You have been chosen by the parent/student to provide a reference. Your comments will remain a confidential part of the student's record. Completion of this form will assist the Admissions Committee in determining the appropriateness of the application.

1. How long have you known this student? _____

2. Describe this student's interactions with peers. _____

3. Describe this student's interactions with adults. _____

4. Has this student had any problems with discipline? Please describe: _____

5. How does this student react to rules and authority? _____
