



THE PRINCIPLED ACADEMY

2305-A Washington Avenue, San Leandro, CA 94577, U.S.A.

Tel: (510) 351-6400 • EMAIL: tpacademy2000@yahoo.com • Fax: (510) 351-5505

www.principledacademy.org

CONFIDENTIAL PRINCIPAL OR COUNSELOR ASSESSMENT FORM

Student Name _____ School _____

TO THE PARENT: We are requesting assessments from your child's teachers, principal or counselors. The information contained in the assessment will be **CONFIDENTIAL** and will not be part of the student's permanent record. Please sign this release and submit this page to your child's principal or counselor.

Parent Authorization Signature for Release of Records

Date

Student's Personal Qualities (please check appropriate columns):

	Poor	Fair	Average	Good	Excellent	No Opportunity to observe
Personal integrity						
Concern for others						
Personal conduct						
Academic commitment						
Creativity						
Self-confidence						
Leadership potential						
Reaction to criticism						
Can act independently						
Works cooperatively						
General level of maturity						

1. Do you think the student's test scores accurately reflect actual achievement and ability? Yes ____ No ____
If no, please explain.

2. Has this student had any special needs identified or been enrolled in any special education, special help, or tutoring program? Yes ____ No ____
If yes, please explain:

3. Has the student ever been on citizenship or disciplinary probation, or have there been behavioral problems which have been a consistent concern? Yes ____ No ____ If yes, please explain.

4. Should the admissions committee be aware of any factors that have had an impact on this student's academic or social progress to date?

5. Has attendance been satisfactory? If no, please indicate any extenuating circumstances for absences or tardies.

6. PARENTAL INVOLVEMENT

Has there been parental cooperation and involvement in school activities?

Yes ____ No ____ N/A ____

Does the student's family have the ability to meet its financial obligations?

Yes ____ No ____ N/A ____

If yours is a religious school, has there been evidence of parental/student cooperation and involvement with the religious programs of church/school?

Yes ____ No ____ N/A ____

7. Is there any additional information that can be better conveyed in a phone conversation, fax, or e-mail?

Yes ____ No ____

Phone Number _____

Fax Number _____

E-mail _____

THANK YOU for the time and effort you have taken in completing this form. Your comments are very important to us.

Signature: _____

Title: _____

School: _____

Phone: (____) _____ - _____

E-mail: _____