

# THE PRINCIPLED ACADEMY

2305-A Washington Avenue, San Leandro, CA 94577 • Tel: (510) 351-6400

## 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

**TO THE PRINCIPAL/COUNSELOR:** The student named above has applied to the Principled Academy and has requested that you complete this assessment form on his/her behalf. We sincerely appreciate your cooperation and candor. The information shared will remain **CONFIDENTIAL** and will not become part of the student's permanent record. Please return this form to the Principled Academy as quickly as possible.

**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? Yes \_\_\_ No

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_