

THE PRINCIPLED ACADEMY

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

CONFIDENTIAL ASSESSMENT FROM APPLICANT'S CLASSROOM TEACHER

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 teacher.

Student Name _____ School _____

Teacher Name _____ Grade/Year _____

Parent Authorization Signature for Release of Records Date _____

TO THE TEACHER: 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
Citizenship						
Study habits						
Attention span						
Ability to work independently						
Motivation						
Intellectual curiosity						
Ability to organize him/herself						
Ability to work cooperatively						
Follows oral and written directions						
Completes tasks in a reasonable time						
Completes/turns in homework						

Grade level in which the student is currently enrolled _____

Grade level at which you judge the student reads _____

Grade level at which you judge student's math skills _____

(over)

Has this student been referred for tutoring/special needs assessment?

Yes ____ No ____

If yes, please explain:

Is the student's current grade level placement commensurate with her/his level of general maturity ?

Yes ____ No ____

If no, please explain:

Are there any additional comments you would like to make?

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: (____) _____ - _____