



JA ENROLLMENT

2021-2022

Admissions Process

Step 1: Schedule a tour of the Journey Academics campus of your choice:

Covington Campus:

Grades K – 12

Step 2: Complete and return the:

- Student Application for Admissions** including the *non-refundable*
- \$25 Application Fee
- \$50 Testing Fee

Step 3: Complete and return the:

- Confidential Records Request form**
School records/transcripts are required of all applicants for grades 1-12 and for Kindergartners who attended a Pre-K program.
- (2) **Teacher Recommendation** forms to applicant's current school for completion and return to Journey Academics by fax 770-217-7375 or mail to Admissions Director, 1149 Hendrick St. SW, Covington, GA 30014.

A student's application will be considered complete when it contains the following documents:

- Copies of the results of all standardized testing
- Current year's report card
- Two current Teacher Recommendation forms
- Disciplinary records from their current school
- Current year's attendance record

Step 4: A parent/student interview and testing date will be scheduled. Students are encouraged to set a date to "shadow" at school, which provides an opportunity for them to experience a day at Journey.

Step 5: When a student's application file is complete it will be reviewed by the Admissions Board for acceptance. Parents are notified of acceptance within 1 week of receipt of all school records.

Step 6: Registration forms should be complete and submitted with non-refundable Registration Fee:

- Early registration fee: \$100 (must be paid in full prior to June 9th)
- Registration fee: \$125 (if paid after June 10th)

A student's registration packet will be considered complete when it contains the following documents:

- Tuition Agreement**, (completed in full with requested parent signatures)
- Medical Form**
- Parent Involvement Contract**
- Copy of student's birth certificate
- Certificate of Immunization (Form 3231)
- Certificate of Eye, Ear and Dental Exam (Form 3300)

Step 7: Matriculation payments must be paid within two weeks of acceptance in order to secure your child's position within our student body. This allows adequate time for book purchases, classroom adjustments and planning.

- Register by**
June 10th
After July 15th
- Matriculation due by**
½ by June 15th 2nd ½ by July 15th
Within 1 week

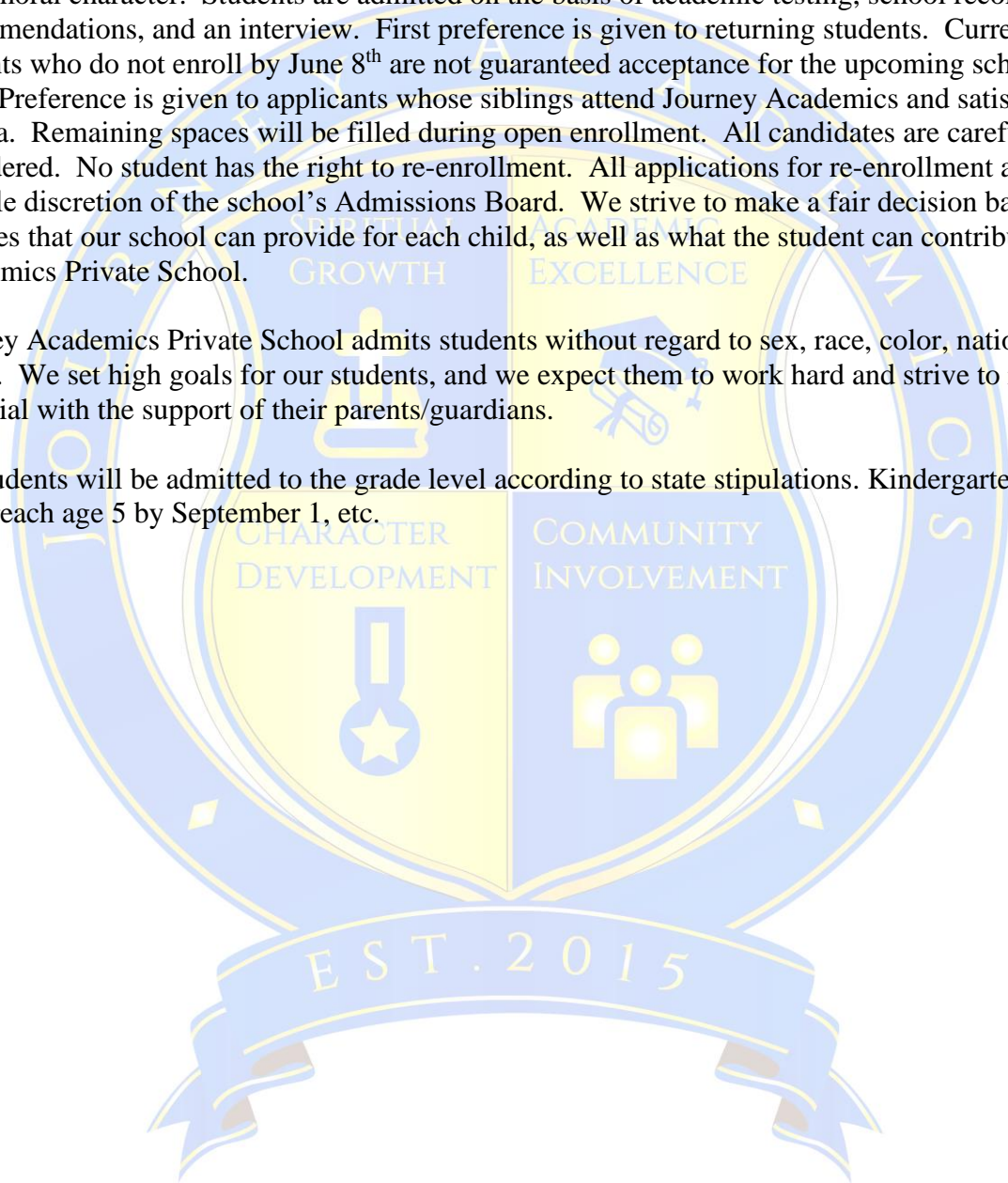
Late registrants (after July 15th): Matriculation fees are due before the student may attend school or within 30 days of acceptance to JA, whichever occurs first.

Admissions Criteria:

Journey Academics Private School seeks to enroll students with above average capability who are of good moral character. Students are admitted on the basis of academic testing, school records, teacher recommendations, and an interview. First preference is given to returning students. Currently enrolled students who do not enroll by June 8th are not guaranteed acceptance for the upcoming school year. Preference is given to applicants whose siblings attend Journey Academics and satisfy the above criteria. Remaining spaces will be filled during open enrollment. All candidates are carefully considered. No student has the right to re-enrollment. All applications for re-enrollment are approved at the sole discretion of the school's Admissions Board. We strive to make a fair decision based on the services that our school can provide for each child, as well as what the student can contribute to Journey Academics Private School.

Journey Academics Private School admits students without regard to sex, race, color, national or ethnic origin. We set high goals for our students, and we expect them to work hard and strive to reach their potential with the support of their parents/guardians.

All students will be admitted to the grade level according to state stipulations. Kindergarten students must reach age 5 by September 1, etc.



Journey Academics Private School

www.journeyacademics.com

770-217-7375

1149 Hendrick St. SW Covington, GA 30016

2021-2022 Tuition Fee Schedule

New Student Application Fee	\$25.00	All fees are non-refundable.
New Student Testing Fee	\$50.00	
Annual Registration Fee until 6/01/17	\$100.00	After 6/01 the fee increases to \$125
Annual Matriculation/Technology Fee		Due June/July 15, 2021
		The Matriculation Fee is used to pay for student textbooks and curriculum resources; technology fees including classroom software subscriptions, STEM instructional materials, library software, Wi-Fi access, Accelerated/STAR Reading, computer lab fees; Memberships in AdvancED/SACS Accreditation, Terra Nova testing materials, lunch card (1) and school facilities maintenance.
Kindergarten – 5 th	\$380.00	
6 th – 12 th	\$410.00	

ANNUAL TUITION		Paid in full 7/1 (10% discount)	10 monthly payments
Homeschool (Weekly Pick-up)	\$2,000	\$1,800	\$200
Kindergarten (Full Day)	\$3,000	\$2,700	\$300
1st – 5th	\$3,250	\$2,925	\$325
Middle School and High School	\$3,500	\$3,150	\$350
Homeschool/Private Combination	\$2,750	\$2,475	\$275

10% discount for each additional student (not applicable for scholarship recipients)

Supplemental educational services deemed necessary may incur additional fees (tutoring, additional testing, etc..).

Family Name:	Grade	Tuition Rate	Discounts	Total
Multiple children discount = 10%				
Total Tuition:				

TUITION POLICY/PAYMENT PLAN OPTIONS

Journey Academics is a non-profit school that depends primarily on tuition paid on behalf of the students. Three payment plans are available, annual, monthly (10 payments) and bi-weekly (20 payments).

- **Annual Plan** (1 Payment) - Payment of the tuition balance is due by July 1.
- **Monthly Plan** (10 Payments)- (August – May)

I understand this is a **full year, financial commitment**. Failure to enroll and pay the required Matriculation fee by June/July 15th may result in conversion of your tuition fees to the published tuition rate for new families. Tuition fee schedule must be signed in order for enrollment to be complete.

Signature of person responsible for payment _____ **Date** _____

ADDITIONAL FEES

Late Payment Fee	\$40	
Transportation Fee MS/HS	\$25	<i>Per Semester</i>

	Amount / Check / Cash	Initials		Amount / Check / Cash	Initials
Application	\$		Registration	\$	
Testing	\$		Matriculation	\$	



Journey Academics Private School

1149 Hendrick St. SW, Covington, GA 30014 770-217-7375

Student Application

Student's Legal Name:

_____ Last First Middle Initial Nickname

Birth date _____ Current Age _____ Current Grade _____ Sex: M F

Address _____ Home Phone Number _____

School last attended (name and address)

_____ **SPiritual GROWTH** **Academic EXCELLENCE**
Does the student have access to research materials such as a computer? ___ Yes ___ No Laptop for Middle / High ___ Yes ___ No

Has the applicant ever attended a school or program designed for students with specific academic or other needs? (Such as a program for the gifted, special learning, etc.) If so, please describe:

Was the student allowed to re-enroll in the previous school? _____ If no, please explain _____

Does the student have any food allergies or other medical or drug related concerns?

Current Medications:

If registering mid-year, could the student continue at the currently enrolled school at time of withdrawal? _____

Has the student ever repeated or skipped a grade? _____ If yes, please explain: _____

Has the student ever been homeschooled? _____ If yes, what grades? _____

Has the student ever been professionally tested or diagnosed with any learning disabilities, such as: ADD/ADHD, SLD, Hearing, Vision, Speech or any other? _____ If yes, discuss the results and include a copy of the report.

Does the applicant have a current IEP, 504 Plan, or Formal Plan? ___ Yes ___ No If yes, include a copy of the plan.

Has the student had any discipline or emotional problems, or been suspended, expelled or withdrawn from school? _____ If yes, please explain

Has the student ever been arrested? _____ If yes, please explain: _____

Please list names of family members who attend or have attended Journey Academics. Indicate graduation date with an asterisk (*)

In what subject(s) has the student excelled in previously? _____

In what subject(s) has the student had the most difficulty? _____

What college(s) is the student interested in attending? _____

What previous honors or academic awards has the student received? _____

What outside activities / sports does your child participate in? _____



FAMILY INFORMATION

Father: Mr. _____ Dr. _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Preferred E-mail for school communication _____

Father's Occupation _____

Employer _____

Business Phone _____

College Attended _____

Degree Achieved _____

Mother: Mrs. _____ Dr. _____ Ms. _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Preferred E-mail for school communication _____

Mother's Occupation _____

Employer _____

Business Phone _____

College Attended _____

Degree Achieved _____

Parent/Guardian Marital Status (please circle): Married Separated Divorced Remarried Spouse Deceased Single

Resides with (please circle): Both Parents Mother Father Stepfather Stepmother Grandmother Grandfather Other

In case of divorce or separation, please complete the following questions:

Legal Custody: Joint Mother Father Guardian Other _____

School Notifications should be sent to: Mother Father Guardian Other _____

Financial Responsibility will be assumed by: _____

Parents are expected to contribute 10 volunteer hours per year. Will you be able to meet this requirement? No Yes

Step Mother's Name _____ **Phone Number** _____

Step Father's Name _____ **Phone Number** _____

If parents are separated or divorced, is the non-custodial parent to receive a copy of the grade report? _____ Are there any restrictions on the non-custodial parent? _____ No _____ Yes (if yes, please provide court order)

Please list individuals who are permitted to pick up your child in the event that the parents or guardians are unable to do so

1) _____ DL# _____ 2) _____ DL# _____

Grandparents

Name _____

Address _____

City _____ State _____ Zip _____

Grandparents

Name _____

Address _____

City _____ State _____ Zip _____

Please provide the name of a friend who shares similar educational values that you would refer to Peachtree Academy:

Name _____ Telephone number _____

Church Home _____ Address _____ Phone _____

Journey Academics - TUITION AGREEMENT

Father's Social Security # _____ --- _____ --- _____ Mother's Social Security # _____ ----- _____ ----- _____

Name of person responsible for financial contract if other than parents:

Address:

Street	City	State	Zip
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- **#1 Annual Plan** (1 Payment) – Payment of the tuition balance is due by July 1.
- **#2 Monthly Plan** (10 Payments)-- (August – May)

Note: Failure to enroll and pay the required Matriculation fee by June/July 15th may result in conversion of your tuition fees to the published tuition rate for new families. Tuition fee schedule must be signed in order for enrollment to be complete.

I have chosen payment plan # _____ and agree to pay _____ for the entire school year in full (less 10%) by July 1st ; OR _____ for 10 equal monthly payments beginning Aug.1st. Regardless of whether you pay full tuition by August 1st or enter a payment plan, annual tuition is due in full for each student upon execution of this agreement. As good financial stewards of Journey Academics, our budget is planned and carried out based on student enrollment at the time of registration. Faculty contracts are released based on enrollment and salaries guaranteed as well as expansion plans are made that may require additional construction. For that reason, families may withdraw with 1 month's written notice and 1 month's payment. Verification must be provided. If this contract is broken for any other reason, Journey Academics reserves the right to demand and collect the balance of tuition and any legal, collection, or administrative fees which may be incurred. This agreement and its payment obligations automatically renew and are legally binding each successive year unless written notice of withdrawal is given for the next school year by February 15. Classroom concerns should initially be addressed to your child's teacher. Administrative staff is available by appointment if additional support is needed.

I understand that tuition is due on the 1st of each month and that a late fee of \$40.00 will be applied to my account if payment has not been received by the 5th of the month. Journey Academics Private School reserves the right to terminate enrollment and the parent will remain liable for the balance due for, as well as any expense associated with recovery of said debt including court or collection costs. If a student fails to meet academic expectations or has behavior issues, all fees will remain due. No school records (academic and/or health), report cards, or diplomas will be released if there is an outstanding balance on the student's account. A returned check fee of \$40.00 will be assessed on all returned checks, plus a late fee. *Returned checks plus all fees are to be paid in cash.* Consistent financial issues may jeopardize your child's enrollment with Journey Academics.

I understand that this is a legally binding contract and I agree to financially support the programs of Journey Academics Private School. I have attached my registration fee of \$100, if paid before June 10th. After June 1st, please remit payment of \$125. I understand that Matriculation Fees is due by ½ June 15 & ½ July 15. **Please note: all Application, Registration and Matriculation Fees are NON-REFUNDABLE. Late matriculation payments will delay textbooks being ordered and a shipping fee will be assessed.** **Fundraisers:** The school receives no church assistance, federal, state, or local funding. Fundraisers are a necessary part of the financial advancement of Journey Academics. All families are strongly required to participate in our fundraising projects or to contribute \$100 per year, per student.

Parent/Guardian (Mother) _____ Date _____

Parent/Guardian (Father) _____ Date _____

School Administrator _____

Date _____

____ Attached is my check for \$100 for my Annual Registration Fee paid by June 1st

____ Attached is my check for \$125 for my Annual Registration Fee paid after June 1st

MEDICAL AND TRANSPORTATION AGREEMENT

Child's name _____ Birth date _____

Address _____ Cell/ Home Phone _____

Known Allergies _____ Current Medication _____

Special needs/conditions _____

Father's / Guardian's name _____ Mother's / Guardian's name _____

Employer _____ Employer _____

Work phone _____ Work Phone _____

In case of an emergency when parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Child's Physician _____ Phone _____

Medical Center that Journey Academics uses:

Covington Campus - Piedmont Newton Hospital

Address: 5126 Hospital Drive NE Covington, GA 30014 Phone: 770-786-7053

The information provided by me in this release form is, to the best of my knowledge, accurate and true. As indicated by my signature below, I authorize Journey Academics personnel to consent to any emergency treatment of my minor child, _____ which shall in my absence be deemed necessary. This shall include examination, anesthesia, medical diagnosis, surgery or treatment and/or hospital care of the minor child and upon the advice of a physician or surgeon licensed to practice medicine in the United States of America. I acknowledge that I will be responsible for any cost incurred by this treatment. I understand that Journey Academics does not provide health insurance to students. This authorization shall be valid during the _____ school year only.

In the event of an emergency involving my child, if I cannot be reached, I hereby authorize any necessary medical treatment to be given. I further agree that I will not hold Journey Academics, or its representatives, liable in any way. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent / Guardian: _____ Date: _____

Journey Academics

www.journeyacademics.com

770-217-7375

1149 Hendrick St SW, Covington, GA 30014

Journey Academics

PARENTAL INVOLVEMENT CONTRACT

We, the parents of a Journey Academics Private School student, commit to serve as collaborators with the faculty, administration and students to achieve excellence in the educational goals for our children through academic, social, moral, and civic engagement. I pledge to do the following:

1. In order to stay connected with my child's school experience, I agree to check our school website twice a week for student/parent information, homework, grades, menus, announcements and upcoming school events.
2. Commit to 10 hours of service hours per year, per child for a total of 15 hours per family to be completed by the end of May. We prefer that parents be involved in the school, but if for some reason a parent cannot fulfill this 10 hour commitment, we ask for a minimum donation of \$100 be made to the school.
3. Join the PTO. A \$10 membership fee is required. Please make checks payable to Journey Academics PTO. Families are asked to actively support the PTO by attending meetings and being involved in school events.
4. Support the established uniform dress code as outlined in the parent/student handbook.
5. Ensure that students arrive at least a few minutes early each day to get situated and receive instruction.
6. If visiting the school, check in at the office to sign in on campus as required by Journey Academics policy to ensure the safety of all children and staff.
7. Facilitate the home/school communication effort by monitoring and enforcing the use of the agenda planner by the student, parent, and teacher starting in first grade.
8. Support the school's conduct codes and policies. Review this with your child so they can manage themselves better.
9. Encourage a minimum of 15-30 minutes of daily reading at home. Log completed books into the student's book journal.
10. Set the bar high for your child to reach success and communicate your clear expectations for academic success. Support the daily class work, homework, and project requirements, ensuring completeness to the best of the student's ability. Acknowledge that in order to meet the Principal's honor roll, your child must have all A's on their report card. To meet the standards for the Merit Honor roll, the student must have all A's and no more than two B's for students in first grade and older.
11. Ensure that student(s) participating in extracurricular activities is/are picked up on time, as indicated by the permission slip and acknowledge that late fees of \$1 per minute will apply.
12. Attend a minimum of two in-school parent/teacher conferences per year to discuss your student's progress
13. Submit updated student and parent information to the office within seven calendar days of any changes.
14. Follow the Health and Safety policies of the school and keep children home until well and fever free at least 24 hours.
15. Journey Academics works to build positive relationships with families. Loyalty to Journey Academics is expected for each member of our school. Gossiping and negative comments or conversations will not be tolerated. Infractions may result in a child being removed from the class roster. Please refer to our financial policies.

Please circle any areas of interest that you may have that would benefit the school:

Library	Technology	Athletics	Committee Chair	Communications	Fundraising
Special Projects	Lunch	Classroom	Science Projects	Mentor/Tutor	Chaperones
Bulletin Boards	Car Line	Birthday Club	Reading Buddy	Administrative	Drama/Wardrobe/Sets
Hospitality	Facilities	Grounds	AR Testing	Teacher Appreciation	Community Service

Other areas of interest: _____

School Representative's Signature

Parent/Guardian's Signature

Email Address

Student's Name

Grade this School Year

Phone Number

Date _____

Journey Academics

ADMISSIONS AGREEMENT 2021-2022

Students and parents are also expected to conduct themselves in a Christian manner, both within school and at outside school functions. The following is a list of terms and conditions of Admission to our school.

Tuition Terms and Agreements

- The matriculation fee is non-refundable.
- The parents or guardian are responsible for the total amount of tuition for the school year.
- A late fee of \$40.00 will be added to payments not received in the office by the 5th of each month.
- If an account becomes overdue, the student may be suspended from all Journey Academics classes and activities until the account becomes current.
- Cash, check or credit card payments are accepted.
- In order for report cards and transcript to be issued, or for students to be withdrawn, there can be NO OUTSTANDING BALANCE.
- Early withdrawal during the school year will be charged a fee of 1 month's tuition payable at the time of withdrawal. There is no exception to the withdrawal fee. (loss of job, transfer or job, etc.)

Parent/Guardian and Student Conduct Policy.

- Students and parents/guardians will be respectful of the teachers and administration.
- Journey Academics reserves the right to expel any student whose parent/guardian fail to cooperate with the administration.
- Journey Academics has a no tolerance policy for student mis-conduct and failure to meet academic standards.
- Students that continue to violate the conduct policies or fail to meet academic expectations of Journey Academics may be dismissed at the discretion of the administration.

Attendance Policy

- Attendance to scheduled classes is mandatory
- Parents or guardians must contact the school office if the student is going to be absent for any reason.
- The student will be responsible for contacting all of his/her teachers in order to obtain the homework assignments for the days missed.
- Late work during the grading period is penalized.

Campus Arrival/Departure and Student Drivers Policy

- Parents or guardians will pick up students on time.
- Student drivers must adhere to the following rules:
 - 5mph speed limit on school campus
 - No loud music allowed in the parking lot or on school ground.
 - All cars must be parked in a proper parking space between the white lines.

Attorney’s Fees

- Whenever any sums due hereunder are collected by law, or by and through any attorney at law, the prevailing party shall be entitled to recover reasonable attorney’s fees, plus costs and expenses of collection.
- In addition, if Journey Academics pursues an action at law or in equity, including an action for declaratory relief, Journey Academics will be entitled to recover reasonable attorney’s fees in addition to any other relief to which it may be entitled.
- The court may set the attorney’s fees in the same action or in a separate action brought for that purpose.

Media Release

- Parents/guardians and students hereby grant Journey Academics the right to photograph, videotape, or otherwise digitally collect student’s likeness, voice, and sounds (as “Works”) during the student’s presence at Journey Academics and Journey Academics sponsored events and assign and grant all rights in these Works to Journey Academics.
- This gives Journey Academics the right to use or sublicense the Works and student names, likenesses and biographies, in Journey Academics’ discretion, in all media, for the promotion of Journey Academics and its mission and program.
- Journey Academics events are semi-public events that may be attended by members of the press, business corporations, and media (“commercial guests”) not under the control of Journey Academics who might photograph or videotape the event.
- Journey Academics asks all commercial guests to comply with the Journey Academics policy of not printing a minor’s name with his/her picture, and Journey Academics asks them not to use images of the participants or attendees for the commercial purposes without obtaining specific written permission from the person or a minor’s parent or guardian.

This agreement will be governed by and construed in accordance with the laws of the State of Georgia. I have read the Admissions Agreement and agree to abide by the above-stated terms and conditions.

Signature of Parent: _____ Date: _____

Print Name: _____ Relationship to Student: _____

Signature of Parent: _____ Date: _____

Print Name: _____ Relationship to Student: _____

For Middle and High School students only:

I understand and agree to abide by the above-stated terms and conditions, as well as all policies, requirements and rules set forth.

Signature of Student(s): _____ Date: _____

Print Name: _____



Journey Academics Private School

Request for Confidential Records

TO THE PARENT/GUARDIAN OF APPLICANT:

Please print or type the authorization below and return this form to the admissions office with the completed application.

Authorization of Release for Educational Records

Student's Name	Birth Date	Grade
Most Recent School Attended	Phone	
Street Address	City, State, and Zip Code	
Fax number		

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents release to Journey Academics of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

Date

Parent/Guardian's Signature

To Principal or Guidance Counselor:

We would appreciate you promptly sending the following documents to the address below:

- Complete transcript and latest grades
- Copy of Birth Certificate
- Standardized test results
- Any special testing results or placement in special programs
- Certificate of immunization and all health records
- All disciplinary records or official statement of disciplinary action

Please mail or fax to:

Journey Academics Private School

Attn: Admissions Office
1149 Hendrick St. SW
Covington, GA 30014
770-217-7375



Journey Academics

Teacher Evaluation Form

Parents, please submit this form to your child's current or most recent teacher with a stamped envelope addressed to:

The Admissions Office
Journey Academics Private School
1149 Hendrick St. SW
Covington, GA 30014

Student: _____ Current Grade: _____

School Currently Attending: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

TO: PRINCIPAL, TEACHER, or COUNSELOR

The student named above has applied for admission into _____ grade at Journey Academics Private School for the academic year _____. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student. Length of time in this school: _____

Please evaluate the following areas with a check mark:	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior				
Effort				
Cooperation				
Obeys Rules				
Relationship with Teacher				
Respects Authority				
Relationship with Peers				
Emotional Maturity				
Exhibits Self Control				
Respects the Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability				
Works Independently				
Organizational Skills				

Attendance				
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Reading Series and present level of child – please explain: _____

Math Series and present level of child – please explain: _____

Phonics Series (type of program) and present level of child – please explain: _____

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student’s progress: _____

Please list any area of academic advancement or special recognition awarded: _____

Classroom Conduct/Discipline – please comment: _____

Please comment on Behavior/Attitude, Work/Study Habits, and Peer Relationships: _____

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification? _____

Has the student ever been so advised to participate in such a program? Yes No

Parent Involvement: Very Supportive Supportive Average Minimal Adversarial

Comments: _____

Additional helpful information: _____

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions.

Signature of person completing report

Title

Telephone

Date



Journey Academics

Teacher Evaluation Form

Parents, please submit this form to your child's current or most recent teacher with a stamped envelope addressed to:

Journey Academics Private School
1149 Hendrick St. SW
Covington, GA 30014

Student: _____ Current Grade: _____

School Currently Attending: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

TO: PRINCIPAL, TEACHER, or COUNSELOR

The student named above has applied for admission into _____ grade at Journey Academics Private School for the academic year _____. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student. Length of time in this school: _____

Please evaluate the following areas with a check mark:	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior				
Effort				
Cooperation				
Obeys Rules				
Relationship with Teacher				
Respects Authority				
Relationship with Peers				
Emotional Maturity				
Exhibits Self Control				
Respects the Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability				
Works Independently				
Organizational Skills				
Attendance				

Reading Series and present level of child – please explain: _____

Math Series and present level of child – please explain: _____

Phonics Series (type of program) and present level of child – please explain: _____

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student’s progress: _____

Please list any area of academic advancement or special recognition awarded: _____

Classroom Conduct/Discipline – please comment: _____

Please comment on Behavior/Attitude. Work/Study Habits, and Peer Relationships: _____

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification? _____

Has the student ever been so advised to participate in such a program? Yes No

Parent Involvement: Very Supportive Supportive Average Minimal Adversarial

Comments: _____

Additional helpful information: _____

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions.

Signature of person completing report

Title

Telephone

Date

