



PARENT INSTRUCTIONS

- Complete student information at the top of the form and sign in order to authorize release of school records
- Provide the form to your current teacher
- The school official should complete and return this form along with all pertinent records to Westminster Academy via email- admission@westminsteracademy.org

My child is applying for admission to Westminster Academy. I authorize the release of my child's records and evaluative data to Westminster Academy and hold you harmless for any information provided. Please complete this form and return it directly to the Admissions Office at Westminster via email- admissions@westminstertampa.org.

STUDENT NAME & GRADE LEVEL APPLYING FOR

PARENT SIGNATURE & DATE OF REQUEST

TEACHER INSTRUCTIONS

Westminster Academy appreciates an honest assessment of the above named student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record. Please return this form directly to the Admissions Office of Westminster Academy via email- admissions@westminstertampa.org.

TEACHER NAME & EMAIL

SUBJECT(S) & GRADE LEVEL(S) TAUGHT

SCHOOL NAME

TEACHER SIGNATURE & DATE

SOCIAL/EMOTIONAL	Excellent	Good	Average	Needs Improvement	No Application
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL PERFORMANCE	Excellent	Good	Average	Needs Improvement	No Application
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How would you describe this student?

2. Please describe parental involvement and support.

3. Has outside help been recommended? Yes No Been Given? Yes No
If yes, please explain:

4. Please describe the student's social and emotional development.

5. Please describe the child's response to direction and/or correction.

6. Does the child have special needs? Yes No
If yes, please explain:

7. Please describe the child's strengths.

8. Please describe the child's weakness.

9. Please include any additional information that may be helpful.
