

Divine Savior Academy

AREAS	5	4	3	2	1	RATING
Independent Work and Study Habits	Excellent	Well above average	Average	Weak	Unsatisfactory	
Recommendation as a Student	Outstanding	Excellent	Good	Fair	Poor	
Recommendation as a Person	Outstanding	Excellent	Good	Fair	Poor	

1. How do you consider the parent's role in the applicant's education?

Very Cooperative Usually Cooperative Rarely Cooperative Rather Disinterested No Communication

2. Do the parents meet their financial obligations? Always Never Sometimes

3. Please check if the applicant has ever been recommended for any of the following programs:

Gifted Learning Disabled Impaired Vision Speech Hearing
 Remedial Math Remedial Reading Other _____

Did the student participate? Yes No

In which? _____ If no, why? _____

4. Is the applicant eligible to re-enter your school for the next term? Yes No

If "no", please explain _____

5. Does the applicant have any significant limitations (physical, emotional, social)? Yes No

If "yes", please explain _____

6. Has the applicant been involved with alcohol or drugs? Yes No

7. Has the applicant participated in or initiated disorderly, disruptive, or unmannerly conduct? Yes No

8. Has the applicant been disciplined by administrative officials? Yes No

9. Has the applicant been: suspended? expelled?

Please explain any "yes" answers for the previous for questions or make comments that would be helpful to our administration. Your comments will remain confidential.

Thank you for your time and effort in evaluating this student and assisting both the applicant and Divine Savior Academy.

Juanita Wells, Admissions Director
 Phone: (305) 597-4545 Email: juanita.wells@dsla.org

 Signature Print Name Title Date

 School Name Phone number

 Address City State Zip Code