

4096 South Alabama Avenue
 Monroeville, Alabama 36460
 Phone: (251) 743-3932/Fax: (251) 743-4267

TO BE COMPLETED AND RETURNED BY THE CURRENT SCHOOL!

Applicant Name: _____ Current Grade: _____

I grant my permission for the following information to be sent to Monroe Academy. I understand that the information on this form becomes the confidential property of Monroe Academy and not subject to review.

Parent Signature _____ Date _____

Evaluator's Name: _____ School: _____

How long have you worked with the student? _____

In what capacity have you worked with the student? _____

Please rate the student in the following categories by placing a check in the appropriate column:

	Excellent	Good	Average	Below average	Poor
Preparation for class					
Completion of classwork					
Completion of homework					
Organization					
Ability to follow directions					
Willingness to follow directions					
Oral expression					
Written expression					
Participation					
Effort					
Behavior					
Peer relations					
Respect for authority					
Emotional maturity					
Parental involvement					

Please comment on the student's overall academic skills, including strengths and weaknesses.

Has the student displayed any serious conduct problems? If yes, please explain.

 Signature

 Date

Please return this form to Monroe Academy at the address above or email jvermilyea@monroeacademy.org