

Applicant's Name _____ For Grade _____ Year 20____

The parent(s)/guardian(s) of the above named student have asked Mounds Park Academy to consider him or her for admission. Our goal is to ensure that each student we accept at Mounds Park Academy experiences success. As a core academic teacher, you have been asked to complete this form. Your assistance is essential in evaluating the applicant and, therefore, a completely candid and thorough evaluation will best serve the interests of the applicant, the applicant's family, and the school. **This information will be kept confidential.**

In what capacity have you known this applicant?

How long have you known this applicant?

What words would you use to describe this applicant?

Please comment on this applicant's academic strengths and challenges. Indicate interest, motivation, and study habits.

Strengths:

Challenges:

Please comment on the following characteristics for this applicant:

a) honesty, sense of responsibility, potential for leadership, respect for authority, seriousness of purpose, and emotional stability

b) social relationships with peers, teachers, and other adults

c) parental/guardian involvement

To your knowledge, has this applicant ever been involved in a serious disciplinary incident?
Yes / No (circle one) If yes, please explain.

Is this applicant welcome to attend your school next year? Yes / No (circle one)

Please rank the characteristics which generally apply to this applicant.

(A = almost always observed, O = often observed, S = sometimes observed, N = never observed, NA = not applicable)

<input type="checkbox"/> well-mannered	<input type="checkbox"/> exercises leadership	<input type="checkbox"/> understands concepts
<input type="checkbox"/> manages time well	<input type="checkbox"/> cooperative	<input type="checkbox"/> participates in discussions
<input type="checkbox"/> self confident	<input type="checkbox"/> involved in class activities	<input type="checkbox"/> shows concern for others
<input type="checkbox"/> works accurately	<input type="checkbox"/> sought out by classmates	<input type="checkbox"/> well organized
<input type="checkbox"/> takes initiative	<input type="checkbox"/> involved in extracurricular activities	

Have you ever recommended that this applicant have an educational, neurological or psychological evaluation? Yes / No (circle one)

If yes, why?

If yes, to your knowledge was the evaluation completed? Yes / No (circle one)

All things considered, how would you rate the applicant:

Academically: <input type="checkbox"/> Superior (top 10%)	Socially: <input type="checkbox"/> Superior (top 10%)
<input type="checkbox"/> Above Average (top 25%)	<input type="checkbox"/> Above Average (top 25%)
<input type="checkbox"/> Average (top 50%)	<input type="checkbox"/> Average (top 50%)
<input type="checkbox"/> Below Average (bottom 50%)	<input type="checkbox"/> Below Average (bottom 50%)

Please feel free to elaborate on any of the above or make additional comments here.

Thank you for taking the time to complete this form.

Name _____ Email _____

(please print)

School Name _____ Work Phone (_____) _____

Signature _____ Date _____

Please return to: Mounds Park Academy • Office of Admission • 2051 Larpenteur Avenue East
St. Paul, Minnesota 55109-4717
Phone: 651.748.5577 • Fax: 651.748.5534
www.moundsparkacademy.org