

ADMINISTRATOR CONFIDENTIAL EVALUATION FORM

Parents: Please complete the top portion of this form and ask the appropriate school-based administrator of your child's current school to complete the rest of the form. This evaluation should be mailed, faxed, or scanned by the school to The Roberts Academy at 863.680.3971, robertsacademy@flsouthern.edu along with the student's transcripts.

Applicant's name _____

Applying for Grade _____ Current school _____

I authorize you to release to The Roberts Academy a copy of the complete transcripts for my child, including all grades and test scores. I understand that all recommendations become the confidential property of The Roberts Academy and are not subject to parental review.

Parent signature _____ Date _____

Name of person completing form _____ Date _____

Title _____ Telephone _____

Address of school _____

City _____ State _____ Zip _____

1. Please check your overall recommendation:

- | | |
|--|---|
| <input type="checkbox"/> Recommend with enthusiasm | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Cannot recommend |

You are welcome to use a separate page in answering any of the following questions.

2. Has the student had excessive absences or tardiness? Yes No

If yes, please explain. _____

3. Has the student ever been expelled or suspended/have a history of conduct problems? Yes No

If yes, please explain. _____

4. Will the applicant be permitted to re-enroll in your school for the upcoming school year? Yes No

If no, please explain. _____

5. Are there any special strengths, circumstances, or problems of which we should be aware? Yes No

If yes, please explain. _____

6. Please discuss any aspects of the student's family relationships that could affect student performance.

7. We welcome any additional comments that you believe should be taken into consideration when evaluating this applicant _____
