



Transcript Request and Principal Evaluation for PreK – 5th Grade

Pinecrest Academy requires an official transcript(s) and Principal’s evaluation form from the most recent school attended by the applicant. *Pinecrest Academy, as a matter of policy, does not release a student’s transcript without a signed request by the student’s parent(s) or guardian(s).* Please sign the authorization below and send it to your **current school** as soon as possible.

Student Name: _____ Current Grade: _____ Birth date: _____

The student named above is being considered for admission to Pinecrest Academy. I authorize you to release the following: The student’s grades for the most recently completed term, all grade records from your school and any other schools from which you received records, including health records and scores of all standardized testing and other pertinent documents.

Signature of Parent/Guardian _____ Date _____

SCHOOL PRESENTLY ATTENDING

Please send the following with this form:
1. The student’s grades for the most recently completed term.
2. Complete grade record from your school and any other schools from which you received records, including health records.
3. Scores of all standardized testing and other pertinent information, including CRCT, ITBS, Stanford10, or equivalent, etc.

Principal

School Name

Address

City/State/Zip

School Phone Number

PRINCIPAL’S CONFIDENTIAL EVALUATION:

Would the student be able to re-enroll in your school? If no, please explain. _____ Yes _____ No

To your knowledge has the student had any involvement with any serious behavioral problems? _____ Yes _____ No
If yes, please explain:

Has this student ever been suspended or appeared before your discipline committee? If yes, please comment and attach any discipline records. DISCIPLINE RECORDS ATTACHED

How would you rate this family’s overall support of the school? _____

Does this family pay tuition (if applicable) in a timely manner?

Does the student have an IEP? If yes, please attach a copy of the IEP. _____ Yes _____ No

PLEASE CALL ME SO WE MAY DISCUSS FURTHER _____
PHONE NUMBER

PRINTED NAME OF PRINCIPAL _____ TITLE (if not Principal)

SIGNATURE _____ DATE

Please send transcripts, any attachments, and this completed form directly to Pinecrest Academy.



STUDENT EVALUATION FORM

Pre-Kindergarten, Kindergarten and First Grades

Parents, please submit this form to your child's current teacher with a stamped envelope addressed to Pinecrest Academy as above.

Date: _____

Student Name: _____ Current Grade: _____

I give _____ my permission to answer the following questionnaire with regard to my child.

Parent's Signature

SCHOOL CURRENTLY ATTENDING:

School Name

Street

City/State/Zip

School Telephone Number

TO: PRINCIPAL or TEACHER

Length of time at this school: _____

I. Grade the following areas with:

	E (Excellent)	G (Good)	F (Fair)	(P) Poor
<u>READINESS:</u>				
Attention Span	_____	_____	_____	_____
Comprehension (understands school vocabulary)	_____	_____	_____	_____
Retains Information (memory)	_____	_____	_____	_____
Follows Directions (completes work with normal amount of help)	_____	_____	_____	_____
Oral Expression (communicates clearly and distinctly)	_____	_____	_____	_____
Gross Motor Development	_____	_____	_____	_____
Fine Motor Development				
Writing	_____	_____	_____	_____
Coloring (crayons)	_____	_____	_____	_____
Cutting	_____	_____	_____	_____

BEHAVIORIAL:

General Attitude toward School	_____	_____	_____	_____
Classroom Conduct	_____	_____	_____	_____
Effort and Cooperation	_____	_____	_____	_____
Ability to Cope with Stress (frustration)	_____	_____	_____	_____
Ability to Wait His/Her Turn	_____	_____	_____	_____
Relationship with Teacher	_____	_____	_____	_____



**STUDENT EVALUATION FORM
Second through Fifth Grades**

Parents, please submit this form to your child's current teacher with a stamped envelope addressed to Pinecrest Academy as above.

Date: _____

Student Name: _____ Current Grade: _____

I give _____ permission to answer the following questionnaire with regard to my child.

Parent's Signature

School Currently Attending:

School Name

Street

City/State/Zip

School Telephone Number

DEAR PRINCIPAL or TEACHER:

The student named above has applied for admission into the _____ grade at Pinecrest Academy for the academic year _____. Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student.

Length of time at this school: _____
Month / year to Month / year

Does the student have an IEP? If yes, please attach a copy of the IEP. _____ Yes _____ No

Does student have a satisfactory attendance record? _____ Yes _____ No

Please grade the following areas with a check mark:

	Excellent	Good	Average	Poor
General Attitude	_____	_____	_____	_____
Effort	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Relationship with Teacher	_____	_____	_____	_____
Relationship with Peers	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____
Intellectual Development	_____	_____	_____	_____
General Health	_____	_____	_____	_____
Motor Control	_____	_____	_____	_____
Study Habits	_____	_____	_____	_____
Maturity Age Level of child	_____ Advanced	_____ Average	_____ Early	
Reading Series and present level of child – Please Explain:	_____			

Math Series and present level of child – Please Explain:

Phonics Series (type of program) and present level of child – Please Explain:

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student's progress:

Classroom Conduct: Discipline – Please Comment:

Please comment on – Behavior/Attitude, Work/Study Habits, and Peer Relationships:

Has the student ever been in a Gifted Program? ____ Yes ____ No

Has the student ever been a recipient of a Special Services Program, i.e., a Learning Disability Resource Center, a Developmental Reading, English, or Math Program, or a Behavior Disorder Program?

Has the student ever been so advised to participate in such a program? ____ Yes ____ No

Parent attitude and degree of involvement – Please Comment:

Thank you for the time and effort you have taken in completing this confidential evaluation.

Your recommendations do have a bearing on our decision. Please sign and send this completed form, transcript, and school records to Pinecrest Academy. **Please indicate the best date and time for us to contact the applicant's teacher.** PLEASE CALL ME SO WE MAY DISCUSS FURTHER

Signature of Teacher

Date

Best Date/Time to Be Contacted

Phone Number

Signature of Principal

Date

Best Date/Time to Be Contacted

Phone Number

CONFIDENTIAL REPORT