



491 Summit Road • Mt. Madonna • CA 95076 • 408.847.2717 • Fax 408.847.5633
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CONFIDENTIAL REPORT

TO THE PARENTS: Please sign the top portion and give these forms to your child's current teacher(s) to fill out. When completed please have the teacher(s) mail them directly to Mount Madonna School Admissions.

Today's Date: _____ Applying for Grade: _____

Student's Last Name

Student's First name

Student's Middle Name

I waive my right to access this Confidential Report submitted on my behalf.

Parent's signature

Student's signature (Middle/High School Only)

TO THE TEACHER: We appreciate your cooperation in completing this form. It is one way for us to get to know each child and is reviewed with all of the other information provided with the application. This form will not become part of the student's permanent record. We value your candid opinion of the applicant. You may be assured that the contents of this report will be kept confidential by mailing it directly to:

**Attn: ADMISSIONS OFFICE, Mount Madonna School
491 Summit Road, Mount Madonna CA 95076**

1. How long have you known the student? _____
2. In what grades or subjects have you taught him/her? _____
3. Please indicate the outstanding attributes of this student in a few words or adjectives.

4. To your knowledge, has the student had either serious or minor but sustained, discipline issues at school? _____. If yes, briefly explain _____
5. In your experience, is the parent's perception of the student compatible with the school's understanding of the student? _____
6. Please describe the parent's involvement in school activities.
 Appropriately involved Overly involved Rarely involved No basis for judgment
Comments: _____
7. If you are aware of any family circumstances that affect the student's life at home/school please describe?

8. What kind of support might the student need from our school to reach his or her potential?

9. Is there any additional information that can be better conveyed in a phone conversation?
yes no Best times to call me are: _____

10. PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS:

Academic Qualities

No Basis

For Judgment

Weak

Fair

Good

Excellent

Exceptional

		Weak	Fair	Good	Excellent	Exceptional
	Academic Potential					
	Academic Achievement					
	Effort/Motivation					
	Study Habits					
	Ability to work in a group					
	Ability to work independently					
	Ability to communicate ideas					
	Homework					
	Intellectual curiosity					
	Completion of tasks					
	Willingness to ask for help					
	Ability to follow directions					
	Attention span					
	Organization					

English Skills

No Basis

For Judgment

Weak

Fair

Good

Excellent

Exceptional

		Weak	Fair	Good	Excellent	Exceptional
	Reading skill					
	Written expression					
	Oral expression					

Math Skills

No Basis

For Judgment

Weak

Fair

Good

Excellent

Exceptional

		Weak	Fair	Good	Excellent	Exceptional
	Computation accuracy					
	Conceptual understanding					

Personal Qualities

No Basis

For judgment

Weak

Fair

Good

Excellent

Exceptional

		Weak	Fair	Good	Excellent	Exceptional
	Respect for others					
	Self-confidence					
	Sense of humor					
	Creativity					
	Peer interaction					
	Leadership potential					
	Maturity for age					
	Attendance					
	Integrity					

10. Use the comment lines below to explain any strengths or weaknesses. (use additional paper if needed)

11. I recommend this student:

Enthusiastically

Confidently

With reservation

Do not recommend

Teacher's Name (please print) _____ Subject _____

School Name _____ Phone number _____

Teacher's Signature _____ Date _____