		EP ACADEMY ce=Learning Excellence	
	• •		
		GRADE	
		-	
I,	, give permission to_		
(Parent's Name) the release of confidential info	ormation regarding	(School)	
	ormation regarding(Chi	ild's Name)	
To: Kn.I.L.E. Prep Academy, 7 confidential, will be used only	7903 Garden Bend, Sugar Land, in the admissions process, and	Texas 77479. I understand that will not become part of the cand once received by Kn.I.L.E. Prep A	idate's permanent record. I
Date	Parent/Guar	dian Signature	
My relationship has been that		wn this candidate for(yea Date cribe this candidate?	
2. Social Development	Seldom Sometimes Consistently	3. Academic Skills	Seldom Sometimes Consistently
Please check one:		Please check one:	
Exhibits good conduct		Exhibits good study habits	
s considerate of others Maintains good social interaction		Is self motivated Plans and uses time well	
Relationships with peers		Is intellectually curious	
Has the capacity to lead		Appropriate attention span	
Has the capacity to follow Emotional maturity is age appropriate		Expresses ideas well orally Expresses written ideas well	
s self confident		Works well in a group	
s imaginative		Completes assigned tasks	
Cooperates well in a group s responsible		Academically promising Has a variety of interests	
Gets along with adults		Prepared for class	
Extracurricular activities participation		Follows oral directions	
Respects property of others		Follows written directions	
Positive influence on peers Works well independently		Participates in class discussions Works well independently	
works wen mucpendentry		Exhibits a desire to learn	

4. Please describe the child's present level of performance in the following areas:

Mat Please check one:	h Reading	
Below Grade Level		
At Grade Level Above Grade Level		
5. Has he/she ever repeated a grade	YesNo	if so, what grade?
6. Has the applicant even	been dismissed from school for a	any reason?YesNo
If so, please exp	lain	
7. Has the applicant bee	n in advanced classes?Yes	No
If so, what subje	ect(s)?	
	ve any academic problems?	
If so, in what areas?		
9. Does the applicant ha	ve any clinically diagnosed learnin	g disabilities?YesNo
Please explain		
10. Has additional specia	l testing or tutoring been indicate	d at any point
in the school?Yes	No	
If "Yes," what gr	ade, and in what area(s)?	
11. Please comment on	parent cooperation with the schoo	bl:
12. Additional Comments	S	
<u></u>		
Signature of Person Mak	ing Recommendation	Position
Signature of School Administrator		Date
5		
School Name		School Phone Number
Ple	ase return form in the self a Kn.I.L.E. Prep Ac 7903 Garden B Sugar Land, Texas	ademy Bend

THANK YOU FOR YOUR PROFESSIONAL OPINION & YOUR VALUABLE TIME.