



SCHOOL REFERENCE FORM

(Must be completed by Administrator, Teacher, Therapist, or Counselor)

We would appreciate your observations regarding this applicant who is seeking admission to Pneuma Christian Academy.

Please complete this form and send along with corresponding documents listed below to the attention of the Director of Admissions at 7205 SW 125th Avenue, Miami, FL 33183, or via email to padmissions@pneumachristianacademy.org

1. Full transcripts if available or a transcript of grades earned for the last two years and the current year-to-date.
2. All standardized test scores for the last two year for achievement, ability and intelligence – PSAT, FCAT, SAT or other.
3. Psycho-Educational testing, 504, IEP or other educational evaluations, including behavioral records.

The form and other required documents may be sent via email to padmissions@pneumachristianacademy.org. The information on this form is for Admission Committee use only and will not be included in the student's permanent file or shared with applicant or the applicant's family.

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE

1. Parents meet financial obligation ☐ Yes ☐ No – Explain:

2. Please check if applicant has ever been recommended for the following services or programs:

☐ Gifted / Honors ☐ AP/IB/Cambridge ☐ Magnet ☐ Remedial reading ☐ Reading Math ☐ Impaired vision
☐ Hearing ☐ Speech/ Language ☐ Learning Disabled ☐ Other (ex. ESE)

Did the applicant participate? ☐ Yes ☐ No – In which? _____

If no, why? _____

3. Is applicant eligible to re-enter your school for the next term? ☐ Yes ☐ No – If “no”, please explain

4. Has the applicant been involved in acts of dishonesty? ☐ Yes ☐ No – If “yes”, please describe _____

5. Has the applicant been involved in use of alcohol or drugs? ☐ Yes ☐ No
6. Has the applicant participated in or initiated disorderly, disruptive or unmannerly conduct? ☐ Yes ☐ No
7. Has the applicant exhibited unsatisfactory adjustment to other students? ☐ Yes ☐ No
8. Does the applicant have any significant limitations (emotional or social)? ☐ Yes ☐ No
9. Has the applicant been disciplined by administrative officials (including being asked to withdraw from your school)?
☐ Yes ☐ No

Please explain any “yes” answers or make any comments which would be helpful to our Admission Committee.

Your comments will remain confidential. _____

PLEASE CIRCLE THE RESPONSE THAT BEST FITS THE APPLICANT

Academic:	No improvement	Apathetic	Average	Consistently Improving	Works to fullest potential and beyond
Academic Potential:	No potential	Room for significant improvement	Average	Ability to succeed if properly guided	Will succeed in any environment
Motivation:	Purposeless	Vacillating Needs Constant supervision	Usually, purposeful	Effectively motivated	Highly motivated
Initiative:	Never initiates	Seldom initiates	Frequently initiates	Consistently self-reliant	Actively creative
Influence and Leadership:	Negative	Cooperative but not leading	Some contribution in minor affairs	Contributes in important affairs	Judgment respected, make things happen
Concern for Others:	Self-centered	Indifferent	Somewhat socially concerned	Generally, socially concerned	Deeply and actively concnered
Responsibility:	Unreliable	Somewhat dependable	Usually, dependable	Conscientious	Assumes high responsibility
Integrity:	Not dependable/ Dishonest	Questions at times	Generally honest	Reliable and dependable	Consistently trustworthy
Emotional Stability:	Unresponsive/Needs Intervention	Excitable or Agitated	Usually well balanced	Well-balanced and stable	Exceptionally stable
Response To Authority:	Not acceptable	Acceptable	Satisfactory	Good	Exceptional
Parents Of Applicant:	Obstructive	Apathetic	Cooperative	Interested	Very involved

Is there something you would prefer to discuss by telephone? ☐ Yes ☐ No

Specific recommendation: ☐ Recommended ☐ not recommended ☐ Prefer not to make recommendation

Thank you for your time and effort in evaluating this student and assisting both the applicant and Pneuma Christian Academy

Prepared by: _____ Title: _____

School name and address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____



SCHOOL REFERENCE FORM – All Grades

Name of Applicant: _____ Current Grade: _____

I authorize the release of my child's academic records, documents and other information requested by Pneuma Christian Academy. After acceptance has been offered, I authorize release of the full record when transfer to Pneuma Christian Academy occurs or at the end of the current school year.

Shared information may include any of the following: Report Cards, Standardized testing scores (SAT, FSA, etc.), Academic Progress, School/Education Records, Evaluation Results/Notes (academic, social/emotional, therapeutic, medical, phycological, and psychiatric), Case Progress/Therapy Notes, and/or Exceptional Student Education/Section 504 Records.

All information that I have authorized for release is strictly confidential and cannot be shared without written consent with any other agency or person other than the person designated below:

Admissions Director at Pneuma Christian Academy
7205 SW 125th Avenue, Miami, FL 33165
padmissions@pneumachristianacademy.org
(305) 274-7174

Acknowledgement:

I _____ hereby authorize the release of records and any reference forms
(Parent or Legal Guardian)

Regarding my son/daughter _____ born on _____
(Child's First and Last Name)

Parent Signature: _____ Date: _____