

EDUCATIONAL PLANNING AND COUNSELING SERVICES

TRADITIONAL BOARDING SCHOOL ASSESSMENT

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____ GRADE _____

GENDER _____ MALE _____ FEMALE _____

SCHOOL PRESENTLY ATTENDING _____

CITY/STATE/COUNTRY _____ CITIZENSHIP _____

CURRENT GRADES ARE ___ EXCELLENT ___ AVERAGE ___ GOOD ___ POOR ___ FAILING

ARE YOU LOOKING FOR AN UPPER, MIDDLE OR LOWER SCHOOL _____

WHAT GRADE IS THE STUDENT PRESENTLY IN? _____

WHICH TYPE OF BOARDING SCHOOL IS THE STUDENTS PREFERENCE

CO EDUCATION BOARDING SCHOOL ___ YES ___ NO

___ SINGLE GENDER SCHOOL ___ YES ___ NO ___

BRIEFLY DESCRIBE: YOUR REASON FOR WANTING YOUR CHILD TO ATTEND THIS TYPE OF BOARDING SCHOOL? WHAT GENDER IS YOUR CHILD, AND THEIR EXPERIENCE IN GETTING ALONG WITH OTHERS.

BRIEFLY DESCRIBE: YOUR CHILD'S ACADEMIC BACKGROUND: (GRADES, EXTRACURRICULAR ACTIVITIES, HONORS OR AWARDS.

BRIEFLY: TELL US HOW YOU CONTACTED OUR EDUCATIONAL CONSULTANT

WHICH BOARDING SCHOOLS HAVE YOU BEEN LOOKING AT?

WHAT AREA OF THE COUNTRY WOULD YOU MOST LIKELY BE INTERESTED HAVING YOUR CHILD ATTEND SCHOOL

___EAST COAST ___MID WEST ___SOUTH ___SOUTHWEST___ CANADA _____

___EUROPE ___ANOTHER COUNTRY (PLEASE NAME THE COUNTRY)_____

WHAT STATE, COUNTRY OR PROVINCE IS THE SCHOOL LOCATED

BRIEFLY DESCRIBE YOUR CHILD'S PRESENT GRADE LEVEL OR LEVEL OF EDUCATION AS IT APPLIES TO ATTENDING A BOARDING SCHOOL? WHAT SEMESTER AND YEAR THEY LOOKING AT BEING ENROLLED? HAVE THEY APPLIED?

HAS YOUR CHILD EVER ATTENDED A BOARDING OR INDEPENDENT DAY SCHOOL BEFORE?

YES ___NO___ DATE _____YEAR? WAS THIS A DAY SCHOOL OR PRIVATE SCHOOL:

EXPLAIN:_____

HAS YOUR CHILD TAKEN THE SECONDARY SCHOOL ACHIEVEMENT TEST? OR THE TOFEL?

WHAT WAS THEIR SCORE_____

WHAT COST ARE YOU PREPARED TO SPEND TO HAVE YOUR CHILD ATTEND A BOARDING SCHOOL? (BASED ON YOUR KNOWLEDGE OF TUITION AND HOUSING)

HOW WOULD YOU CHILD COMPETITIVENESS? ABILITY TO INTERACT WITH OTHERS?

VERY MATURE _____ SOMEWHAT MATURE _____ NOT MATURE AT ALL _____ GOOD
STUDY HABITS _____ VERY POOR _____

HOW WOULD YOU DESCRIBE YOUR CHILD'S ABILITY TO INTERACT WITH OTHERS?

_____ VERY GOOD _____ ACCEPTABLE _____ DIFFICULT OR CHALLENGED

TO YOUR KNOWLEDGE HAS YOUR CHILD EVER USE OR EXPERIMENTED WITH DRUGS

_____ YES _____ NO

EXPLAIN IN DETAIL:

HAS YOUR CHILD EVER EXPERIENCED ANY TRAUMA OR EVENT WHICH HAS CAUSED YOU CONCERN?

DATE OF THE EVENT: _____ YEAR _____

HAS YOUR CHILD ENGAGED IN SELF DESTRUCTIVE BEHAVIOR? (STEALING, LYING, AND NOT FOLLOWING DIRECTIONS.

DESCRIBE YOUR CHILD'S LEVEL OF CONFIDENCE OR SELF ESTEEM?

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

DOES YOUR CHILD HAVE ANY ALLERGIES OR

WHAT IS THE NATURE OF THEIR CONDITION?

HOW LONG HAVE THEY BEEN UNDER THIS CARE?

WHO WAS THE DOCTOR: _____ MAY WE CONTACT THEM

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

_____ EXCELLENT _____ GOOD _____ NOT SO GOOD _____ VERY POOR

AGREEMENT

THIS ASSESSMENT IS GIVING CONSENT BY THE PARENT TO ALLOW THE EDUCATIONAL CONSULTANT TO WORK ON BEHALF OF THE FAMILY IN A PLACEMENT OR SCHOOL OR PROGRAM.

PARENT SIGNATURE

FULL NAME/PLEASE PRINT

ARE YOU THE LEGAL GUARDIAN OR PARENT ____ YES ____ NO?

WHO IS THE LEGAL GUARDIAN ____ YES ____ NO

WHO IS THE LEGAL GUARDIAN _____

DO YOU HAVE JOINT CUSTODY? ____ YES ____ NO

PARENTS NAMES AND ADDRESSES IF THEY LIVE SEPERATELY

MOTHER'S CURRENT ADDRESS

ADDRESS

CITY/STATE/COUNTRY/ PROVINCE

FATHER'S CURRENT ADDRESS

ADDRESS

CITY/STATE/COUNTRY/PROVINCE

MAILING ADDRESS IF DIFFERENT

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

PLEASE FAX THE FORM TO OUR FAX: 623 322-9481