

(to be completed by the Principal, Guidance Counselor, or Teacher)

STUDENT'S NAME	DATE OF BIRTH
PERSON COMPLETING THIS FORM	DATE
SCHOOL	
POSITION	SIGNATURE
TELEPHONE NUMBER	

For publicly funded Vermont students, please provide a copy of or access to their Personalized Learning Plan.

Please circle the level of academic performance which best describes this student.

- Please share any comments about this student's academic ability, motivation, or overall character which may help with placement at St. Johnsbury Academy:

[illegible]

Teacher Recommendation

All classes at St. Johnsbury Academy are arranged on the basis of academic ability and previous academic achievement. Please check which level of instruction you believe would be most appropriate for this student.

English	<input type="checkbox"/> Accelerated	<input type="checkbox"/> Standard	<input type="checkbox"/> Basic
Social Studies	<input type="checkbox"/> Accelerated	<input type="checkbox"/> Standard	<input type="checkbox"/> Basic
Science	<input type="checkbox"/> Accelerated	<input type="checkbox"/> Standard	<input type="checkbox"/> Basic
Math	<input type="checkbox"/> Accelerated	<input type="checkbox"/> Standard	<input type="checkbox"/> Basic
Foreign Language	<input type="checkbox"/> Accelerated	<input type="checkbox"/> Standard	<input type="checkbox"/> Basic

Special Data

Is there information in the school records indicating that ...

the student has a limiting physical disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
the student has received psychological or psychiatric counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
the student has been tested for a learning disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
the student has had a criminal conviction or juvenile adjudication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above questions is **Yes**, please provide details on a separate sheet of paper and attach it to this form.

Services

Please check the appropriate information:

A. This student needs no special support ☐ A.

B. This student is currently identified as eligible for services under Section 504. ☐ B.

The student is eligible for 504 services in the following areas:

.....

.....

C. This student is currently identified as eligible for services under IDEA (Special Education) ☐ C.

This student is eligible for special education services in the following disability areas:

.....

.....

D. This student is not officially identified as being in need of the above special services. ☐ D.

To better serve the student, please check the pertinent information.

<input type="checkbox"/> Attendance	<input type="checkbox"/> Attitude	<input type="checkbox"/> Attention Span	<input type="checkbox"/> Behavior	<input type="checkbox"/> Homework Completion
<input type="checkbox"/> Test Performance	<input type="checkbox"/> Low Self-esteem	<input type="checkbox"/> Motivation	<input type="checkbox"/> Other (define)	

If services/accommodations are currently being made for any items checked above (items B-D), please attach a separate sheet of paper indicating:

- 1. Learning problem(s) – written evaluation report / psychological / testing.
- 2. Current accommodations – IEP or 504 plan.
- 3. Recommended services / support at St. Johnsbury Academy.

OR include the appropriate SPED / 504 documentation.

PLEASE ATTACH A COPY OF THE STUDENT’S TRANSCRIPT OR REPORT CARDS SHOWING THE COURSES TAKEN, GRADES EARNED, AND CREDIT EARNED (IF APPLICABLE) FOR THE CURRENT SCHOOL YEAR AND THE PREVIOUS SCHOOL YEAR.

This form must be completed and returned (WITH ANY ATTACHMENTS) to the Admissions Office of St. Johnsbury Academy before the student’s application can be considered.