

EDUCATIONAL PLANNING AND COUNSELING SERVICES

TRADITIONAL BOARDING SCHOOL ASSESSMENT

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____ GRADE _____

SCHOOL PRESENTLY ATTENDING _____

CITY/STATE/COUNTRY _____ CITIZENSHIP _____

CURRENT GRADES ARE __EXCELLENT__ __AVERAGE__ __GOOD__ __POOR__ __FAILING__

BRIEFLY DESCRIBE: YOUR REASON FOR LOOKING A BOARDING SCHOOL:

BRIEFLY DESCRIBE: YOUR CHILD'S ACADEMIC BACKGROUND OR WHAT CURRICULUM THEY ARE TAKING IN SCHOOL NOW? (AP, COLLEGE PREP)?

WHAT ARE THEIR CURRENT GRADES _____ HONORS _____ B AVERAGE _____ AVERAGE

ANY

AWARDS? _____

WHAT TYPE OF SCHOOL ARE YOU LOOKING AT?

___SINGLE GENDER BOARDING___ __CO-ED BOARDING___ __CO ED DAY SCHOOL___

_____OTHER___ __CANADIAN BOARDING SCHOOL

BRIEFLY: TELL US HOW YOU CONTACTED OUR EDUCATIONAL CONSULTANT? (BOARDING SCHOOL REVIEW, ON LINE, GOGGLE SEARCH?)

WHAT BOARDING SCHOOLS HAVE YOU BEEN LOOKING AT NAME A FEW:

WHERE ARE THESE SCHOOLS LOCATED?

STATE _____

CITY _____

COUNTRY _____

BRIEFLY DESCRIBE YOUR CHILD'S CURRENT GRADE LEVEL AND WHY YOU WANT THEM TO ATTEND A BOARDING SCHOOL? WHAT SEMESTER AND YEAR ARE YOU LOOKING TO BE ENROLLED? _____

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

YES ____ NO ____ DATE ____ YEAR?

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

WHAT WERE THE RESULTS?

WHAT COST DO YOU BELIEVE IS REASONABLE FOR ATTENDING A BOARDING SCHOOL BASED ON YOUR CURRENT INCOME? (BASED ON TUITION AND HOUSING, AND FEES)?

DESCRIBE _____

CHECK THE COST AS IT APPLIES TO YOUR FAMILY: 20k ____ 30k ____ 40K OR MORE ____

WHAT AREAS OF INTEREST DOES YOUR CHILD HAVE? (FINE ARTS, MUSIC, DANCE, ATHLETICS)

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

WHAT IS THE MOST RECENT STATE TESTING SCORE OF YOUR CHILD? (STATE PROFICIENCY OR OTHER TESTING)

WHAT ARE RESULTS: (IF NOT TAKEN PUT NONE)

BRIEFLY DESCRIBE WHY YOUR SON OR DAUGHTER IS INTERESTED IN BOARDING SCHOOL AND WHETHER THIS HAS BEEN DISCUSSED WITH THEM?

HOW WOULD YOU DESCRIBE YOUR CHILD'S OVERALL LEVEL OF CONFIDENCE?

WOULD YOU SAY YOUR CHILD IS THE FOLLOWING ACADEMICALLY:

EXCEPTIONAL ___ GIFTED ___ AVERAGE ___ AVERAGE ___

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

VERY MATURE ___ SOMEWHAT MATURE ___ NOT MATURE AT ALL ___ GOOD

HOW WOULD YOU DESCRIBE THEIR STUDY HABITS

___ VERY GOOD ___ AVERAGE ___ NOT DISCIPLINE ___ FAIR

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

___ VERY GOOD ___ ACCEPTABLE ___ DIFFICULT OR CHALLENGED

HOW WOULD YOU DESCRIBE YOUR CHILD'S OVERALL PHYSICAL HEALTH?

DESCRIBE IN DETAIL AND CHECK THE AREAS WHICH APPLY:

_____EXCELLENT _____GOOD _____FAIR_____ NOT SO GOOD _____POOR

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

____YES ____NO

EXPLAIN IN DETAIL (WAS THIS A SINGLE EPISODE?:

TYPE OF DRUGS AND USE: (PRESCRIPTIVE, MARIJUANA, OTHER TYPES, SEDATIVES, STIMULATES, HALLUCINOGEN'S)

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, OPPOSITIONAL DEFIANT BEHAVIOR.

DESCRIBE YOUR CHILD'S OVERALL SELF ESTEEM?

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

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

BY GIVING CONSENT THE PARENT SIMPLY AGREES 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 _____?

DO YOU HAVE JOINT CUSTODY? _____

ADDRESS

CITY/STATE/COUNTRY/

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

PLEASE FAX THE FORM TO OUR FAX: 623 399-1010