

Academic Questionnaire

Dayspring Christian Academy

To be completed by the student's current or former teacher
Grades 2 through 12
Thank you for taking time to respond to these questions.

Student's Name: _____

The above-named student is applying for admission to Dayspring Christian Academy for the _____/_____ school year.

1. How long have you known this student? _____months/years *circle*

2. In your opinion, what are his/her academic strengths?

3. In your opinion, what are his/her academic weaknesses?

4. Have you or other staff provided academic modification for this student? yes no *circle*
If yes, please explain.

5. List this student's special talents (e.g., leadership, music, drama, athletics, etc.)?

6. Has this student ever been a behavior problem in or out of the classroom? yes no *circle*
If yes, please explain.

7. Has this student ever been suspended/expelled from school? yes no *circle*
If yes, please explain.

8. Describe this student's relationships with his/her peers?

Please provide any other information you feel would be helpful to Dayspring.

Please provide a number for a telephone conference in the event that more information is needed or for clarification: (_____)_____

The best day(s) to reach me (circle all that apply) Mon Tues Wed Thu Fri

The best time(s) to reach me is between _____ and _____ or between _____ and _____.
e-mail address: _____

Your name Title/Position

Thank you for your prompt response.

**Please return this form to Dayspring Christian Academy-Attn: Kelley Launer/Registrar
3734 W. 20th Street, Greeley, CO 80634-3429
(970) 584-2580-Registrar Direct (970) 330-1151-School's Main Line or fax to: (970) 330-0565
Or email to: klauner@dayspringeagles.org**