LIBERTY ACADEMY AT THE PRIORY

ENROLLMENT APPLICATION FORM

LIBERTY ACADEMY AT THE PRIORY

32 HOPE ROAD

KINGSTON 10

JAMAICA

Tel. (876) 630-0013/ (876) 630-0016

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STUDENT PROFILE FORM - PREP/HIGH SCHOOL

Name of School: _____

Name of Principal: _____

Name of Student: _____

Present Grade: _____

Period of Attendance/Years Attending Institution: _____

The above student is seeking admission to enter Liberty Academy at the Priory. Please complete this form and return it together with the relevant records to us directly by email or hand delivered in a sealed envelope for validity, to the person making the request.

Please select the most suitable response for each item in ***ALL SECTIONS*** of the Form. Provide any additional comments or observations in the designated section. This information will help the administrator understand the student's behaviour and determine if they can be accommodated in our school.

SECTION A

Areas of Evaluation	*Never*	*Seldom*	*Frequently*	*Unable to Comment*	*Not Applicable*
Emotional Maturity					
Usually remains calm and composed					
Adapts well to changes					
Shows empathy towards others					
Displays aggressive behaviours					
Conflict Resolution Capability					
Will engage or initiate a fight					
Communicates effectively during conflicts					
Seeks peaceful resolution					
Displays low tolerance to frustration					
Responds well to authority					
Academic Discipline					
Frequently distracted					
Completes tasks on time					
Actively participates in class					
Completes homework and assignments					
Punctuality					

Areas of Evaluation	*Never*	*Seldom*	*Frequently*	*Unable to Comment*	*Not Applicable*
Shows willingness to learn and do his/her schoolwork					
Social Maturity					
Student may avoid interacting with peers or prefer to sit alone.					
Works well in group settings					
Understands and responds to social cues well					
Is respectful to adults and peers					
Student might speak very little in class, respond with minimal words, or avoid eye contact with teachers and classmates					

SECTION B

The following behaviours listed below may at times be displayed by students diagnosed with Autism Spectrum Disorder. Please select the most suitable response for each behaviour if it has been observed within the classroom/school environment.

Areas of Evaluation	*Never*	*Seldom*	*Frequently*	*Unable to Comment*	*Not Applicable*
Social Interaction					
Difficulty making eye contact					
Prefers to play alone					
Struggles with understanding personal space					
Shares toys or items of interest with others					
Communication					
Repeats phrases or words					
Difficulty understanding simple instructions					
Limited vocabulary					
Uses non-verbal communication (gestures, pointing or pulling towards desired objects)					
Difficulty initiating and maintaining conversations					
Behavioural Patterns					
Repetitive movements (hand flapping, rocking, fidgeting)					
Strong attachment to specific objects or toys					
Displays tantrums or meltdowns					
Able to transition between activities					
Displays the following behaviours:					
Hitting					
Biting					
Spitting					
Screaming					

Areas of Evaluation	*Never*	*Seldom*	*Frequently*	*Unable to Comment*	*Not Applicable*
Cognitive Skills					
Displays advanced skills in specific academic areas					
Strong visual or detail-oriented learning style					
Difficulty with executive functioning (planning, organizing)					
Challenges with abstract thinking and problem-solving					

SECTION C

Please select the most suitable response for each behaviour if it has been observed within the classroom/school environment.

Areas of Evaluation	*Never*	*Seldom*	*Frequently*	*Unable to Comment*	*Not Applicable*
Takes weapons to school					
Uses objects as weapons to threaten or harm others					
Takes property belonging to others without permission					
Uses hostile or abusive language towards peers or authority figure.					
Uses curse words					
Smokes marijuana or cigarettes in school					
Engages in inappropriate sexually explicit behaviours					
Defaces school property					
Displays intimidation/bullying behaviour					
Participates in gambling activities					
Coerces others for money or favours through threats					
Engages in drinking alcoholic beverages					
Displays self-harm behaviours					
Pays attention to personal hygiene and grooming					

Comments:

_____

_____

_____

_____

_____

Is the student in good standing at your school? ***YES*** ☐ ***NO*** ☐

Has any disciplinary action been taken against this student? ***YES*** ☐ ***NO*** ☐

If your answer was yes, please explain:

_____

_____

_____

_____

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_____

If your school is private, has the family met its financial responsibilities?	***YES ☐***	***NO ☐***
Is the child receiving financial assistance from the MOEY?	***YES ☐***	***NO ☐***
Are the parents involved in the school?	***YES ☐***	***NO ☐***
Are the parents involved in the education of the student?	***YES ☐***	***NO ☐***

Please write any additional information about this student that you may think is important.

_____

_____

_____

_____

_____

_____

Date: _____

Principal's Signature: _____ **School Seal/Stamp**:

School's Email Address: _____ **School's Phone Number:** _____