

LIBERTY ACADEMY AT THE PRIORY
ENROLLMENT APPLICATION FORM

LIBERTY ACADEMY AT THE PRIORY
32 HOPE ROAD
KINGSTON 10
JAMAICA

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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

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequently</i>	<i>Unable to Comment</i>	<i>Not Applicable</i>
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 assignment					
Punctuality					
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.

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequently</i>	<i>Not Observed</i>
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				
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.

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequent</i>	<i>Unable to Comment</i>	<i>Not Applicable</i>
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:

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: _____