



**THE CALVERTON SCHOOL**  
A Preschool – Grade 12 College Preparatory School  
Prepare to Succeed

## REQUEST FOR TRANSCRIPT

Please submit this form directly to the student's present school.

Name of Student(s): \_\_\_\_\_

Name of School: \_\_\_\_\_ Present Grade(s): \_\_\_\_\_

Address of School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Registrar: Please include the record of all academic history– to include academic records and report cards, academic achievements and awards, attendance records, behavioral records, and any standardized aptitude/achievement testing and a copy of the student's most recent report card.

As the parent/guardian of the above named student(s), I authorize release of their transcripts to:

Office of Admissions  
The Calverton School  
300 Calverton School Road  
Huntingtown, MD 20639

Fax: 410-535-6169  
Phone: 410-535-0216

I hereby authorize release of my child's school records.

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Parent Signature

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Date



**Please do not complete this form before November 15. Return by January 15.**

*The AIMS member schools abide by the policy that all information provided on the Common Referral Form will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians.*

Name of Student \_\_\_\_\_ Current School \_\_\_\_\_ Present Grade \_\_\_\_\_

Subject Area \_\_\_\_\_ Textbook(s) \_\_\_\_\_  honors  standard  \_\_\_\_\_

I have known this student for \_\_\_\_\_ years, \_\_\_\_\_ months Attendance is  regular  not regular.

*The first words that come to mind when I think of this student are* \_\_\_\_\_.

**Academic Ability**

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Verbal ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please comment on this child's academic strengths and weaknesses.*

**Classroom Performance**

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Classroom achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please comment on this child's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom performance.*

**School Behavior**

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek needed help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please comment on any noteworthy aspect of the student's school behavior.*

**OVER**

**Personal Abilities***Outstanding**Above Average**Average**Below Average*

Maturity for grade

Maturity for age

Perseverance

Self-confidence

*Please comment on this student's social and emotional development.***Please circle the words that describe this student:**

aggressive

conscientious

easily frustrated

irritable

overprotected

restless

anxious

dishonest

follower

kind

passive

self-centered

articulate

disobedient

honest

loner

passive-resistant

self-disciplined

assertive

distractible

humorous

manipulative

perfectionist

social

cheerful

distracting

impulsive

motivated

popular

vivacious

compassionate

energetic

independent

negative leader

positive leader

well-liked

confident

easily discouraged

irresponsible

organized

responsible

other \_\_\_\_\_

*Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, special talent in arts or athletics, etc.).**Please comment on the student-parent relationship.**Please describe the parents' relationship with teachers and the school.*

Would you be willing to discuss this child by telephone if we have further questions?

 Yes No

Is there information about this child that would be better communicated by telephone?

 Yes No

Evaluator's Name (please print) \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**For a School Administrator**Has the family satisfied all financial obligations to your school?  Yes  No

Initials \_\_\_\_\_

*(Many AIMS schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)*



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Maturity for grade  
 Maturity for age  
 Perseverance  
 Self-confidence

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please comment on this student's social and emotional development.*

**Please circle the words that describe this student:**

aggressive	conscientious	easily frustrated	irritable	overprotected	restless
anxious	dishonest	follower	kind	passive	self-centered
articulate	disobedient	honest	loner	passive-resistant	self-disciplined
assertive	distractible	humorous	manipulative	perfectionist	social
cheerful	distracting	impulsive	motivated	popular	vivacious
compassionate	energetic	independent	negative leader	positive leader	well-liked
confident	easily discouraged	irresponsible	organized	responsible	other _____

*Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, special talent in arts or athletics, etc.).*

*Please comment on the student-parent relationship.*

*Please describe the parents' relationship with teachers and the school.*

Would you be willing to discuss this child by telephone if we have further questions?  Yes  No

Is there information about this child that would be better communicated by telephone?  Yes  No

Evaluator's Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**For a School Administrator**

Has the family satisfied all financial obligations to your school?  Yes  No Initials \_\_\_\_\_

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