



# WOODSTREAM CHRISTIAN ACADEMY

**PLEASE FAX OR MAIL TO:**  
Woodstream Christian Academy  
ATTN: Registration Office  
9800 Lottsford Rd.  
Mitchellville MD 20721  
301.955.1160 (phone)  
**301.955.1150 (fax)**  
www.woodstreamacademy.com

## Student Behavior Assessment

**To be completed by parent or guardian**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Current School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
Name Location

**Waiver of Access:** *I hereby waive my right as a parent and student (granted under the Family Education Rights Privacy Act of 1974) to this confidential recommendation. It is solely used for the purposes of admission to Woodstream Christian Academy.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by previous Teacher, Principal or Guidance Counselor**

Person completing this form: \_\_\_\_\_  
Name Position Phone number

**Please answer the following questions about the above student:**

1. Has the student ever been suspended or expelled? If yes, please give dates and details.
2. Has the student received any other forms of school discipline, i.e., demerits, detention, etc.? If yes, please explain.
3. Is the student prone toward violence to resolve conflicts? If yes, please give examples. Is the student prone to use violence as a method of conflict resolution?

**Please circle the most correct response:**

4. Is the student respectful toward authority? Yes No Somewhat

5. Does the student have a positive attitude toward school? Yes No Somewhat

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date