



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