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| **IMPACT MENTORING ACADEMY (IMA)** |

# Administrator/Counsellor Review

## Applicant Information

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| Please type or print your name in the space below and then give this form to your school’s Administrator or Guidance Counsellor along with a stamped envelope addressed to IMPACT Mentoring Academy’s PO Box 633, Flatts FLBX.. This form can also be scanned back to IMPACT by the administrator using the following email address: admissions@imabda.bm. |
| Applicant: |  |  |  |  |
|  | First | Middle | Last | Date |

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| --- | --- | --- | --- | --- | --- |
| Signature |  | Current Year Group: |  |  Age: |  |
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## Parent / Guardian

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| I, |  | *acknowledge that I waive my right to read this confidential teacher review*  |
|  | *(name of parent/guardian)* | *As part of the application process to IMA.* |

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

 Parent / Guardian of Applicant

## Administrator / Counsellor

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| The student whose name appears above has applied for admission to IMA. IMA is a registered private school with the Department of Education in Bermuda. It is a “charter school” type operations poised to empower teenaged males to discover and develop their unique potential through a transformational learning experience. This experience is designed to lead to their successful graduation, college and/or career placement and positive community citizenship.Your candid observations will help the Admissions Committee evaluate the readiness/appropriateness of the applicant for this program. This review will remain confidential and will not become a part of the student’s permanent record. Please return your review directly to the academy address below or scan and send an email attachment to admissions@imabda.bm. Thank you for your assistance in this enrollment process. |

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| How long and in what capacity have you known the applicant? |  |
| What are the first three words that come to mind when describing the applicant? |
| **1** |  | **2** |  | 3 |  |
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| Are you aware of the applicant receiving any of the following:  |  |  Speech  Therapy |  |  Learning Support /  Tutoring |  |  Occupational  Therapy |  |  Counselling Services |

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| If yes, please provide details or the relevant reports: |  |
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| Does the applicant have any learning challenges/disabilities?  |  |
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| What do you consider to be the applicant’s greatest strengths?  |
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| What do you consider to be the applicant’s greatest weakness and his greatest need? |
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| Please inform of any disciplinary action involving the applicant |
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| Please comment on any circumstances which affect the applicant’s ability to function well within school and any other information we should be aware of. |
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| Please comment on the applicant’s character and personality (integrity, responsibility, maturity, self-confidence/esteem, sense of humor, respect etc.). |
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| Please comment on the applicant’s ability to relate to others (adults, family, peers). |
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| How supportive are the applicant’s parents in school life, PTA, etc. and give a general idea of the parent’s relationship with the applicant in the context of the applicant’s academics (supportive? balanced? demanding? etc.).  |
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| Please prove a contact number and email should we need to contact you for any additional questions or inquires: | Tel: |  |
|  | Email: |  |
|  |
| **Admin/Counsellor Signature:** |  | **Date:** |  |
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23 Berkeley Rd, Pembroke HM 09, Bermuda **I** PO Box FL 633, Flatts FLBX **I** (441) 747-4621 **I** admissions@imabda.bm |