

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

# Administrator/Counsellor Review

## Applicant Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:admissions@imabda.bm). | | | | | | | |
| Applicant: |  |  | |  |  | |
|  | First | Middle | Last | | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature |  | Current Year Group: |  | Age: |  |
|  | | | | | |

## Parent / Guardian

|  |  |  |
| --- | --- | --- |
| 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.* |

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

Parent / Guardian of Applicant

## Administrator / Counsellor

|  |
| --- |
| 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. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | | |
|  | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Are you aware of the applicant receiving any of the following: |  | Speech  Therapy |  | Learning Support /  Tutoring |  | Occupational  Therapy |  | Counselling Services |  |  |  |  | | --- | --- | --- | | If yes, please provide details or the relevant reports: |  | | |  | | | | Does the applicant have any learning challenges/disabilities? | |  | |  | | | | | | | | | | | | | | | | |
| What do you consider to be the applicant’s greatest strengths? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| What do you consider to be the applicant’s greatest weakness and his greatest need? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please inform of any disciplinary action involving the applicant | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please comment on the applicant’s character and personality (integrity, responsibility, maturity, self-confidence/esteem, sense of humor, respect etc.). | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please comment on the applicant’s ability to relate to others (adults, family, peers). | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 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.). | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 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:** |  | |
| |  | | --- | |  |   23 Berkeley Rd, Pembroke HM 09, Bermuda **I** PO Box FL 633, Flatts FLBX **I** (441) 747-4621 **I** [admissions@imabda.bm](mailto:admissions@imabda.bm) | | | | | | | | | | | | | |