

## TRANSCRIPT/TEST SCORES REQUEST FORM & COUNSELOR'S ASSESSMENT

The applicant should submit this signed form to his/her current school (need 2 years assessed). This Form must be transmitted directly from the current school to Xavier College Preparatory by mail and email, 34-200 Cook Street, Palm Desert, CA 92211. Email to Marcie Quagliani at <u>mquagliani@Xavierprep.org</u> Call (760) 601-3900 ext. 6255 with questions.

## STUDENT'S NAME:\_\_\_\_\_\_SCHOOL:\_\_\_\_\_ As part of the admissions process, we must receive <u>official copies</u> of your child's academic records for the past two years. Please sign this release and submit this page to your child's principal or counselor.

PARENT AUTHORIZATION SIGNATURE FOR RELEASE OF RECORDS

**REGISTRAR:** Please <u>attach student's official transcript for his/her final grades for seventh grade (both semesters) and the first semester of eighth grade (both quarters), as well as his/her most recent national standardized test results.</u>

For high school transfers, please attach transcripts for courses completed and/or current progress report.

**TO THE COUNSELOR:** Your response to the questions which follow will remain confidential and **will not** become part of the student's permanent record. We appreciate your cooperation and candor. Please <u>attach</u> **the student's official transcript** and send this form.

## COUNSELOR'S ASSESSMENT

- (1) Should the Admission Committee be aware of any factors that have had an impact on this student's academic or social progress to date? (e.g., health problems, behavioral concerns, family issues, learning disabilities or learning differences.) Please explain.
- (2) Has this student been enrolled in any special education programs? If so, please explain.

DATE

(3) Do you think the student's test scores accurately reflect actual achievement and ability? Please explain.

(4) What special talents or leadership abilities has this student demonstrated? Please explain, providing concrete examples where possible.

(5) Additional Comments:

## COUNSELOR'S RECOMMENDATION:

I recommend this student:

| □ Strongly  | □ Fairly Strongly | □ With Reservations | □ Not Recommended |  |
|-------------|-------------------|---------------------|-------------------|--|
| Signature:  |                   |                     | Title:            |  |
| C           | School Counselor  |                     |                   |  |
| Print Name: |                   |                     | Date:             |  |