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Capital Innovations
 Academy

Explore Innovate Inspire

PRINCIPAL / COUNSELOR ASSESSMENT

Applicant's Name: _____

Present School: _____

I _____ am the parent/guardian of the above listed student and give permission for this form to be filled out by the Principal/Counselor of my student's current school.

Parent/Guardian Signature _____ Date: _____

TO THE PRINCIPAL OR COUNSELOR:

The student named above has applied to Capital Innovations Academy and requests that you complete this form on his/her behalf. Your remarks will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor. Please do not give the completed form to the student/applicant. Please complete and return this recommendation form to:

**Capital Innovations Academy
 PO Box 1458, Citrus Heights, CA 95611**

Are you aware of any external factors that have affected this applicant's academic or social progress? (e.g. health problems, behavioral concerns, family issues, learning disabilities, etc.) Yes No (If yes, please explain)

Has this applicant been enrolled in any special programs? Yes No (If yes, please explain)

Do you think the applicant's test scores and/or grades accurately reflect achievement and ability? Yes No (If no, please explain)

Has this applicant had any repeated and/or severe behavior infractions? Yes No (If yes, please explain)

Principal/Counselor Signature: _____ Date _____

Print Name and Title: _____

Please feel free to share any additional comments you would like to include on the reverse side of this form.