



Questionnaire for Admission to St. Edmund Academy Program(s)

- Program Application for:**
- Hockey
 - Soccer
 - Recreation
 - Sports Alternative

Name of Applicant: _____

- To the Referee:** *In what capacity, have you been associated with the applicant?*
- Educator (Teacher) – Required for Recreation
 - Coach (School/Club) – Required for Hockey, Soccer & Alternative

How well do you know the applicant? Very Well - Well - Not at all

How long have you known the applicant? _____ years/months

***Please complete the following assessment chart.....

Problem solving ability

- Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Motivation and drive

- Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Ability to work with others

- Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Ability to work on own

- Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Ability to take direction

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Emotional maturity

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Consideration of others

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Leadership ability

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Communicates well with others

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Level of competitiveness

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Goal oriented

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Willingness to take information

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Overall athletic ability

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

Can you envision this person being committed to physical training on a regular basis throughout the school year?

Excellent Proficient Adequate Limited Unable to Assess

Remarks (optional):

***Referee Contact Information

Name of Referee (Print): _____

Name of Organization: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____

Date: _____



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Please return to:

Attention: St. Edmund Elementary/Junior High School
Academy Assessment Form
11720-130 Avenue
Edmonton AB T5E 0V2

This Confidential Report must be both prepared by and signed by the referee named above. Evidence to the contrary will lead to the cancellation of any offer of admission (whether or not accepted), or withdrawal of the student from St. Edmund Elementary/Junior High School.