

FLORIDA COUNCIL OF PRIVATE SCHOOLS

REPORT ON GRADUATES

DATE OF THIS REPORT _____

*Please make copies of this form and complete one for every graduate of the last school year.

Graduation date _____

Graduates name _____

Number of years in your school _____

High School Grade Level Test Results:

Last score (Basic/Total Battery) made on standard Achievement Test:

Please give the NATL PERCENTILE and/or the GRADE MEAN EQUIVALENT.

Date of Test _____

CAT _____ SAT _____ IOWA SKILLS _____ Other _____

College Entrance Tests Results:

SAT: Verbal _____ Math _____ Composite _____

ACT: Verbal _____ Math _____ Reading _____ Science _____ Comp _____

If student is accepted at a college, please give the name of the college.

_____ State _____

Signed _____ Title _____

School name _____ City _____