

Name of applicant: _____ Applying for grade: _____

To the parents of the applicant: Please write the applicant's name in the lines above and give this form to the applicant's current teacher. *The completed form will be a confidential part of your application.* Your teacher should return this form directly to Portsmouth Christian Academy.

To the teacher: The above-named student is an applicant for admission to Portsmouth Christian Academy. We would greatly appreciate your thoughtful comments to the questions below as they pertain to the candidate. Please return this form directly to PCA Admissions, at your earliest convenience.

In what classes and/or capacity have you known the applicant?

How long have you known the applicant? _____

What are the first words that come to mind to describe the applicant?

In order to gather more specific information, your input on the following questions would be useful. Please use specific examples whenever possible.

What grade(s) did the student receive? Explain why. (i.e. worked hard, good ability, didn't complete work, poor tests, etc.)

Evaluate the student's creativity, independence, and initiative. Illustrations?

Assess the student's motivation, self-discipline, and leadership. Examples?

Comment upon the student's character, personality, maturity, and integrity. Examples?

How effectively does the student participate in the class discussions?

Does the student display disciplined work habits?

Describe typical classroom behavior for this child.

Please rate the applicant in the following areas in comparison to the other students in his or her age group.

	<i>One of the Top</i>	<i>Excellent Top 10%</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>No Basis</i>
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUMMARY EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary evaluation, including any area of concern.

Name: _____ Position: _____

Signature: _____ Date: _____ Email: _____

School Name & Address: _____

Please return this form to Portsmouth Christian Academy, Admissions Office, 20 Seaborne Drive, Dover, NH 03820 or by email to admissions@pcaschool.org.