

INTERNATIONAL STUDENT APPRAISAL FORM  
ENGLISH – GRADES 6-12

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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.

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Course Title: \_\_\_\_\_ Texts Used: \_\_\_\_\_

Brief Course Description:

Honors       Standard       Other \_\_\_\_\_

How long have you been working with the applicant? \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What do you perceive as the applicant's greatest strength?

In what areas will this applicant require support?

Evaluate the applicant's motivation and self-discipline.

Comment on the applicant's character and integrity.

Describe typical classroom behavior for this child.

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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>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Effort	<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"/>
Class Participation	<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"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Ability/Oratory Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Advice or Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Intellectual Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to succeed in a College Preparatory Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUMMARY EVALUATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate on any of the below average ratings noted above or other areas 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](mailto:admissions@pcaschool.org).**