

Name of applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

**To the applicant:** Please write your name and grade applying for in the lines above and give one form to your current teacher and one to your teacher from last year. ***The completed form will be a confidential part of your application.*** Your teacher should return this form directly to Portsmouth Christian Academy Admissions.

**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 at your earliest convenience directly to PCA Admissions.

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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 reading, writing, computation or thinking skills. Examples?

Evaluate 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 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 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 thoughts	<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 [applications@pcaschool.org](mailto:applications@pcaschool.org).