

**Name of applicant:**

**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 preschool teacher. ***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.

Describe the student's fine and gross motor skill development.

Describe the student's creativity, ability to follow through on plans, and independence.

Describe the student's phonemic awareness and number sense.

Describe how the student interacts with peers and adults.

Describe evidence of student's school readiness.

Describe the student's ability to focus and participate during group activities.

Describe typical 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>
Separation from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares for personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor development	<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"/>
School readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group 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"/>
Listening skills	<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).