

Village Christian Academy
908 S. McPherson Church Road
Fayetteville, NC 28303
(910) 483-5500

CONFIDENTIAL STUDENT EVALUATION

To the Teacher:

The parents of the student named below have requested that Village Christian Academy consider their son/daughter for admission. The School Admissions Office would appreciate your prompt response to the information requested. Your assistance is essential in evaluating the applicant in relation to our academic program. Please complete the appropriate section and then mail this form within one week to Village Christian Academy Admissions Office, 908 S. McPherson Church Road, Fayetteville, NC 28303. Thank you for your assistance in helping us become better acquainted with this student.

Name of applicant: _____ **Candidate for grade:** _____

STUDENT EVALUATION FOR 1ST – 4TH GRADE

Please check as appropriate	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Adjust readily to situations/people/changes in schedule					
Participates in discussions and class activities					
Receives and understands oral information					
Able to follow multiple directions					
Shows independence in work					
Works to potential					
Works neatly					
Uses time wisely					
Organized – orderly					
Shows self-control					
Shows respect					
Shows responsibility					
Obeys promptly					
Gets along well with others					
A productive member of cooperative activities					

STUDENT EVALUATION FOR 5TH – 12TH GRADE

Please check as appropriate	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Participates in classroom discussions					
Thinks through a process before acting					
Completes assignments on time					
Prepares neat and well-organized assignments					
Works at a level consistent with ability					
Demonstrates organization					
Presents ideas well					
Is attentive when others speak					
Has a positive attitude					
Is self motivated and purposeful					
Cooperates with others					
Exhibits leadership skills					
Respects authority					
Exhibits emotional stability					
Is reliable and trustworthy					

Has this student been referred/tested for:
(check all that apply)

Learning disabilities Language processing Speech Therapy
 ADHD/ADD Emotional difficulties

If yes, please explain _____

Have you considered referring this student for testing for:
(check all that apply)

Learning disabilities Language processing Speech Therapy
 ADHD/ADD Emotional difficulties

If yes, please explain _____

Has the curriculum been adjusted or modified to suit the needs of the student? Yes _____ No _____

Additional comments: Please feel free to provide any information you feel will guide us. Thank you for your time and cooperation.

Name of Teacher: _____ Date: _____

Position: _____

Name of School: _____

Address: _____

Teacher Signature: _____