



# FREEDOM CHRISTIAN ACADEMY

3130 Gillespie Street ~ Fayetteville, NC 28306 ~ (910) 485-7777 Office ~ (910) 485-7757 Fax

[www.fcapatriots.org](http://www.fcapatriots.org)

## Confidential Student Evaluation 2011/2012 Grades 5-8

### To the Classroom Teacher:

The student named below is a candidate for admission to FCA. We would appreciate your completing this form and returning it within one week to **Freedom Christian Academy Admission Office, 3130 Gillespie Street, Fayetteville, NC 28306.**

Thank you for your assistance in helping us become better acquainted with this student. If additional comments concerning this student would be helpful, please write them on the back of this form.

Name of applicant \_\_\_\_\_ Current grade \_\_\_\_\_

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

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

What are the first words that come to mind when describing this student? \_\_\_\_\_

What is the greatest strength of this student? \_\_\_\_\_

What is the greatest weakness of this student? \_\_\_\_\_

I recommend this student: \_\_\_\_\_ enthusiastically \_\_\_\_\_ strongly \_\_\_\_\_ fairly strongly \_\_\_\_\_ with reservation

Name of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Work #: \_\_\_\_\_

I hereby authorize release of requested information to complete the admission process at FCA. I understand this becomes part of my student's application file.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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