

PRINCIPAL/COUNSELOR'S STUDENT EVALUATION

(CONFIDENTIAL)

Applicant's Name: _____

Applying for GRADE: _____

Parent/Guardian: I waive both my right of access and that of my child to this evaluation form. I ask that the teacher complete this evaluation, sign the envelope flap and mail it directly to Fellowship Christian Academy.

Signature of Parent or Guardian

Date

To the Principal/Counselor: Please assess the above named student as compared with peers at the current school.

| Academic Performance in: | Superior | Good | Average | Below Average | Poor | Not Observed |
|---|----------|------|---------|---------------|------|--------------|
| Overall Academic Performance | | | | | | |
| PERSONAL CHARACTERISTICS | | | | | | |
| Peer relationships | | | | | | |
| Attitude toward faculty/staff | | | | | | |
| Assumption of responsibility | | | | | | |
| Citizenship/Conduct | | | | | | |
| Social & Emotional Maturity For Age | | | | | | |
| Involvement In Extra Curricular Activity | | | | | | |
| Parental Support And School Involvement | | | | | | |
| Potential For Academic Success | | | | | | |

1. Areas of strength: _____

2. Areas of weakness: _____

3. Additional Comments: _____

I recommend

I do not recommend

I recommend with reservations

Principal/Counselor's Name: _____

Phone: _____

Signature of Principal/Counselor

Date

RETURN TO:
FELLOWSHIP CHRISTIAN ACADEMY
 Director of Enrollment
 1808 W. Camp Wisdom Road • Dallas, TX 75232
 (T): 214-672-9200 • (F): 214-672-9201
 e-mail: FCA@ocbfchurch.org • website: www.fcasoars.org
Igniting a brighter future in academic excellence