

to be completed by a current teacher of the applicant

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

My son/daughter is applying for admission to Portland Christian Schools. I would appreciate your completing this form and returning it directly to the Director of Admissions at Portland Christian Schools. I hereby authorize the release of my child's records and evaluative data to Portland Christian Schools.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>Social/Emotional Development</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Below Avg.</b>	<b>N/A</b>
Ability to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership & Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**School Performance**

Language ability					
Fluency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is English his/her primary language	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetic development/interest in:					
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Physical Development**

Small motor coordination (e.g., cutting, drawing, block building, handling of manipulative equip.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination (e.g., running, skipping, climbing, jumping, kicking/throwing a ball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of applicant's success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Grade/Subject \_\_\_\_\_

School Name \_\_\_\_\_

School Location \_\_\_\_\_ How long have you known the student? \_\_\_\_\_

Thank you for your assistance. Your candid assessment will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence. Please seal the envelope, sign over the seal, and return this document to: Portland Christian Schools

Attn: Admissions  
11845 SE Market Street Portland, OR 97216

(503) 256-545