



Family Christian Academy

A Ministry of Family Church PC

Applicant Information:

Name of Student: _____

We the parent(s) hereby waive our right to access this recommendation and authorize my child's current teacher to provide an evaluation for the purpose of supporting my child's application to attend Family Christian Academy.

Parent signature: _____

Date: _____

The items below ask for your sense of this student's social, physical, and academic skill development. This form provides one way of getting to know the child and is reviewed with the full awareness that children are constantly changing and developing.

SOCIAL DEVELOPMENT	STRENGTH	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Can be a friend				
Is supportive of peers				
Is comfortable with adults				
Plays alone happily				
Cooperates in play				
Shares well				
Initiates play activities				
Is imaginative				
Demonstrates leadership qualities				
Uses materials purposefully				
Exhibits appropriate sense of humor				
PHYSICAL DEVELOPMENT	STRENGTH	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Small muscle control and development				
Large muscle control and coordination				
Speech development (articulation)				
SKILLS DEVELOPMENT	STRENGTH	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Is attentive				
Listens in a group				
Contributes to group discussions				
Follows directions				
Works cooperatively				
Complete tasks				
Able to focus on task				

SKILLS DEVELOPMENT cont.	STRENGTH	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Repeats classroom routine				
Moves easily from one activity to another				
Responds positively to constructive criticism				
Is curious				
Is willing to try new activities				
Is a self starter				
Enjoys new challenges				
Exhibits problem solving skills				
Expresses ideas well				

PLEASE COMMENT ON THE FOLLOWING TOPICS

How long have you known the student and in what capacity?

Are the parents supportive / involved ?

Has outside help been recommended? YES NO Been given? YES NO Please elaborate below

Additional comments

I recommend this student for admission to FCA

ENTHUSIASTICALLY STRONGLY MODERATELY WITH RESERVATIONS

Teacher Name (Please print)

Signature

Name of School

Street Address

City

State

Zip

School Phone Number

Teacher Email Address

Thank you for taking the time to provide this information. Please be assured that your answers will be held in confidence. If you have any questions or concerns please contact Chris Click in the FCA Admissions Office at 941-625-8977.

You may email, fax, or mail this form back to Family Christian Academy

Scan and email this form to cclick@ccsmustangs.com

Fax this form to 941-625-1735

Mail this form to Family Christian Academy

20035 Quesada Ave.

Port Charlotte, FL 33952