



9801 Arlington Church Road * Mint Hill, NC 28227 * (704) 545-4589 * www.arlingtonacademy.org

CONFIDENTIAL STUDENT EVALUATION 2023-2024

KINDERGARTEN – FIFTH GRADES

To the Classroom Teacher:

The student named below is a candidate for admission to Arlington Christian Academy. We would appreciate your completing this form and returning it within one week to: ACA Admissions Office, 9801 Arlington Church Road, Mint Hill, NC 28227.

Name of applicant: _____ Candidate for grade: _____

Please check all that apply to this student:

	Work Habits		Creativity
	Well organized and efficient		Highly imaginative and innovative
	Usually prepared		Able to understand and appreciate new ideas
	Needs more prodding		Concrete and very literal
	Disorganized – cannot find supplies, etc.		Industry and Motivation
	Has trouble starting or completing tasks		Is purposeful, ambitious, and resolute
	Completes assignments on time		Is conscientious but uninspired
	Reading Mechanics		Is distractible and unable to sustain focus to tasks
	Has strong phonic analysis skills to decode unknown words		Has fluctuating levels of performance
	Has weak phonic analysis skills – can't blend sounds to decode unknown words		Intellectual Curiosity
	Has speech impairment		Interested in many areas
	Doesn't know names and sounds of letters		Interested in one or two areas
	Known sight words		Needs to be highly motivated to engage in academic areas.
	Memorizes well		Modifications Used

	Reading Ability		Extended time for testing
	Reads material well above grade level		Scribe for testing
	Reads material above grade level		Tape recorder
	Reads material at grade level		Shortened assignments
	Reads material below grade level		Oral reader for tests
	Reads voraciously		Organizational/behavioral contracts
	Is discriminating reader		Respect for Authority
	Has adequate skills but little enthusiasm		Is conscientious about rules
	Reads only under pressure		Is courteous but independent
	Reading Comprehension		Resents authority but usually obeys
	Has no trouble understanding what was read		Is disrespectful and even hostile
	Has some difficulty understanding what was read		Is demanding of teacher's time
	Reading is non-fluent and doesn't comprehend what was read		Requires constant attention and approval
	Uses context clues to understand what was read		Integrity
	Unable to use context clues to understand what was read		Is always reliable and trustworthy
	Writing Ability		Is usually dependable
	Can organize and express original ideas well		Needs occasional watching
	Presents adequate and readable prose		Is unreliable and untrustworthy
	Is perceptive but grammar skills are weak (spelling and punctuation)		Personality
	Unimaginative and unskilled		Outgoing and eager
	Can verbalize ideas but seems to lose ideas when required to write them.		Friendly but quiet and modest
	Fine motor skills are age appropriate		Somewhat shy
	Legible handwriting		Lethargic, sluggish
	Illegible handwriting		Serious Minded
	Mathematical Setting		Only child in family
	Whole class instruction		Shares with others
	Whole class instruction with concept skill groups		Sense of Humor
	Integrated with whole language		Wholesome and refreshing

	Homogeneous grouping across grade level		Wry but not infectious
	Math Ability		Laughs but not at appropriate times
	Learns through manipulative and visual reinforcement		Responsive
	Attempts to understand ideas instead of merely memorizing		Perverse, cynical and unwholesome
	Recognizes relationships in verbal problems		Sensitivity
	Applies mathematical skills and strategies to new situations		Goes out of way to help others
	Has a positive attitude toward mathematics		Is respectful of others' rights
	Learns math facts easily		Seems unaware of others' rights and feelings
	Struggles/difficulty retaining math facts		Is boorish and self-centered
	Behavioral Tendencies		Classroom Behaviors
	Holds hands over ears		Has difficulty participating in group activities
	Is overly bothered by loud noises		Hums, whistles, sings or make other noises
	Appears to not hear what you say		Misses oral directions
	Avoids eye contact		Misses written or demonstrated directions
	Notices small changes		Looks away from tasks to notice all other activity
	Startles at unexpected movements		Adds detail to drawing or coloring
	Wants to wipe hand quickly and often		Touches people and objects to the point of irritation
	Is easily upset by minor injuries		Refuses to participate in activities that are messy
	Flinches when you get close or touch him.		Fiddles with objects
	Emotional Stability		
	Stable and well-adjusted		
	Well-liked by classmates		
	Usually stable with good disposition		
	Shows marked variations in mood swings		
	Withdrawn		
	Can be impulsive showing lack of control		

	Easily frustrated		
	Unstable		
	Has difficulty tolerating mistakes		

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

- | | |
|---|---|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Language Processing |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Emotional Difficulties | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Sensory Disorder |
| <input type="checkbox"/> Play/Social Therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | |

If yes, please explain

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Language Processing | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Sensory Disorder |
| <input type="checkbox"/> Emotional Difficulties | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Play/Social Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | |

Please state area(s) of concern:

Has the curriculum been adjusted or modified to suit the needs of the student? Yes___ No___

Has the applicant been suspended or dismissed from your school? Yes_____ No _____

What do you feel is the greatest strength of this applicant?

What do you feel is the greatest weakness of this applicant?

Would you recommend this applicant for admission to Arlington Christian Academy?

_____ Strongly Recommend

_____ Recommend

_____ Recommend with reservation

_____ Do not recommend for admission

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 of School: _____ City _____ Zip Code _____

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

Signature of parent/guardian: _____ Date: _____

Please return within one week to:

Arlington Christian Academy, 9801 Arlington Church Road, Mint Hill, NC 28227