



Village Christian Academy  
908 South McPherson Church Road  
Fayetteville, NC 28303  
Phone: 910.483.5500  
Fax: 910.483.5335

## Confidential Teacher Evaluation

**To the Teacher:** The parents of the student named below have requested that Village Christian Academy consider their son/daughter for admission. The School Admissions Office would appreciate your prompt response to the information requested. Your assistance is essential in evaluating the applicant in relation to our academic program. Please complete the appropriate section and then mail or fax this form within one week to the address or number listed above. Thank you for your assistance in helping us become better acquainted with this student.

**Name of applicant:** \_\_\_\_\_ **Candidate for grade:** \_\_\_\_\_

1. For which grade level or subject were you the teacher of this student? \_\_\_\_\_

2. Has the curriculum been adjusted or modified to suit the needs of the student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Please give your assessment of this student in the following areas (attach a separate sheet if necessary):

Peer relationships: \_\_\_\_\_

\_\_\_\_\_

Motivation for learning: \_\_\_\_\_

\_\_\_\_\_

Class participation: \_\_\_\_\_

\_\_\_\_\_

Strengths/Weaknesses: \_\_\_\_\_

\_\_\_\_\_

4. Is there anything you would like to highlight that would help our teachers better understand this student?

\_\_\_\_\_

\_\_\_\_\_

5. Does the parent's view and expectations of the child match that of the school's view of the child? \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

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

Teacher Signature: \_\_\_\_\_