



OAKDALE CHRISTIAN ACADEMY

Oakdale Emory United Methodist Church
 3425 Emory Church Road
 Olney, MD 20832
 Phone 301-774-5369 Fax 301-774-3157

STUDENT EVALUATION FORM

Name of Applicant:	Birth date:	Grade Applying for:
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By signing below, I agree to waive my right of access to information provided to Oakdale Christian Academy by the teacher who completes the form.

Signature of Parent/Guardian	Date
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The applicant is applying for admission to Oakdale Christian Academy. Please complete this form to assist us in the admission procedures. Please mail back to the school. Thank you!

Please circle the response that best describes the current level of applicant's achievement in these areas:

E=Exceeds average for the age of applicant
A=Age appropriate
N=Needs improvement

		Circle Response		
Work Habits	1. Follows directions 2. Completes tasks on time 3. Is attentive and listens carefully 4. Can work and play independently	E	A	N
		E	A	N
		E	A	N
		E	A	N
School Readiness	1. Respects property 2. Plays well with others 3. Carries out responsibilities	E	A	N
		E	A	N
		E	A	N
Emotional Growth	1. Transitions to new situations 2. Interacts comfortably with adults 3. Shows self-confidence 4. Exhibits self-control in the classroom 5. Exhibits self-control on the playground 6. Follows classroom rules	E	A	N
		E	A	N
		E	A	N
		E	A	N
		E	A	N
		E	A	N

How would you evaluate the applicant's character?
 ()Outgoing, extroverted ()Strong-willed ()Quiet, introverted ()Self-directed

Name of person completing evaluation _____

Title _____ Phone _____

Name of Program: _____

Comments: