



Fairhaven Christian Academy

STRENGTHENING THE FUTURE THROUGH CHRISTIAN EDUCATION
 P.O. Box 4246, Sunland, CA 91041 818-434-7533 www.fairhavenca.com

Semester Evaluation - Elementary

Legal Name of Student: _____	[] First Semester [] Second Semester Date: _____	Semester Grade	Final Grade
Grade: ____ Birthdate: _____	School Year: 20__-20__		
SUBJECT	TITLE of COURSE		
Bible			
Language Arts Reading Penmanship Composition Spelling			
History/Social Science			
Mathematics			
Science			
Physical Education			
Elective			
Elective			

GRADING KEY

Academic Performance

A = Excellent = 4.0

B = Above Average = 3.0

C = Average = 2.0

D = Below Average = 1.0

F = Failing = 0.0

P = Pass

F = Fail

I = Incomplete

Remarks Each Semester

Parent/Teacher _____ Administrator _____
 Signature Signature