

## TEACHER QUESTIONNAIRE (Applicants for Grades 2<sup>nd</sup> – 6<sup>th</sup>)

**REGENTS SCHOOL OF CHARLOTTESVILLE**

200 Bob Finley Way  
Charlottesville, VA 22903  
434-293-0633

Email: [admissions@regents-school.org](mailto:admissions@regents-school.org)

**Parents:**

Please complete the top portion of this form and give to your child's current teacher. Ask that it be completed and returned directly to the Regents School Admissions Office.

**Parents:**

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

My son/daughter is applying for admission to Regents School of Charlottesville. Please complete this form and return it directly to the Admissions Office at Regents School. I authorize the release of my child's records and evaluative data to Regents School and hold you harmless for any information provided.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Teachers:**

Regents School appreciates an honest assessment of the above named student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record.

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**SOCIAL/EMOTIONAL**

	Excellent	Good	Average	Needs Improvement	No Application
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SCHOOL PERFORMANCE

Excellent    Good    Average    Needs    No  
Improvement    Application

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Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### **Please comment on the following:**

How would you describe this student?

Parental support and involvement:

Has outside help been recommended?  Yes  No

Been given?  Yes  No

Please elaborate:

Applicant's social and emotional development:

Describe student's response to direction and/or correction:

Special needs:

Strengths:

Weaknesses:

Please include additional comments: