

TEACHER QUESTIONNAIRE (Applicants for Grades 2nd – 6th)

REGENTS SCHOOL OF CHARLOTTESVILLE

3045 Ivy Road
Charlottesville, VA 22903
434-293-0633
Email: 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

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"/>

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: