

ENGLISH TEACHER
QUESTIONNAIRE

Applicants for Grades 7-12

REGENTS

SCHOOL OF CHARLOTTESVILLE

200 Bob Finley Way, Charlottesville, VA 22903 * 434-293-0633 * www.regents-school.org

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. I waive my right to read the confidential teacher evaluation form.

Signature of Parent / Guardian: _____

Date: _____

CURRENT ENGLISH TEACHER

I taught this student for _____ years. I have known him/her for _____ years. Grade: _____

Name of Subject: _____

Position: _____

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. When completed, please return this form directly to Regents School of Charlottesville.

Academic Qualities	Excellent	Good	Average	Below Average
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comp Grade Level:				
Analytical skills in reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to extrapolate information from reading assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Reading Skills	<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"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuation	<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"/>
Ability to write 5 paragraphs easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar Knowledge	<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"/>

