

ENGLISH TEACHER  
QUESTIONNAIRE

Applicants for Grades 7-12

REGENTS

SCHOOL OF CHARLOTTESVILLE

3045 Ivy Road, 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"/>

Personal Qualities	Excellent	Good	Average	Below Average
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities	<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"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please comment on the following:**

Parental support and involvement:

Has outside help been recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been given? <input type="checkbox"/> Yes <input type="checkbox"/> No	If answered yes, please elaborate:
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Applicants social and emotional development compared with others:

Respected by adults/peers:

Applicants strengths:	Applicants weaknesses:
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Additional comments on student:

Print Name: \_\_\_\_\_  
 Last First Middle

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_