

**MATH 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 MATH 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
Facts/Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstract Thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<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"/>
Organization/Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Work on Time	<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