

**MATH 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 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"/>

