



# Teacher Questionnaire

**Parents:** Please complete the top portion of this form and give to your child's current (main) teacher. Ask that it be completed and returned by fax or mail directly to Regents Academy.

<b>Parents</b>	Applicant: _____ <small>LAST FIRST MIDDLE</small>					
	Current grade: _____ Applying for: grade _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: ____/____/____					
<b>Current Teacher</b>	<i>Regents Academy appreciates an honest assessment of the above-named student. All information will be kept confidential and will not become a part of the applicant's permanent record.</i>					
	Teacher: _____ Subject: _____ Grade: _____ School: _____ Teacher Signature: _____ Date: _____					
<b>Social/Emotional</b>		<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Needs Improvement</u>	<u>No Application</u>
	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 toward 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 toward 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"/>	

<b>School Performance</b>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Needs Improvement</u>	<u>No Application</u>	
	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"/>
	Listening 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"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Further Comments</b>	<i>Please comment on the following</i>					
	How would you describe this student?					
	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					
	Please elaborate:					
	Applicant's social and emotional development:					
	Describe student's response to direction and/or correction:					
	Special needs:					
	Strengths:					
	Weaknesses:					
Additional comments:						