



Teacher Questionnaire

Kindergarten through 2nd Grade

Dear Parent,

Please complete this section before handing it to your child's teacher.

Student's Name _____ Current Grade Level _____

Home Address _____ Phone _____

Parent/Guardian Name _____ Relationship _____

Dear Teacher,

Chicago Friends School cherishes the individuality and uniqueness of each of its students and values being a diverse learning community. In order to assess our ability to meet students' needs, we seek information about candidates for admission. All the information you provide is confidential. Thank you for your thoughtful evaluation. Return this form to:

Chicago Friends School

3047 North Lincoln Ave., Suite 400

Chicago, IL 60657

Phone: 773-442-2371

Email: admissions@chicagofriendsschool.org

We recognize that children develop at different paces along a developmental continuum. If the child demonstrates concern in an area of development, please comment including whether this is a possible area of concern or if the child has been formally evaluated and receives special services. You may use additional paper if needed.

Physical Development	Exceeding	Age-Appropriate /Progressing	Area of Concern
Fine motor control & coordination			
Large muscle control & coordination			
Clarity of speech			
Comments:			

Social Emotional Development	Exceeding	Age-Appropriate /Progressing	Area of Concern
Forms friendships			
Appropriately initiates interactions with peers			
Responds to others' initiatives			
Demonstrates self control			
Is cooperative			
Demonstrates concern for others			
Expresses feelings and needs			
Is imaginative			
Plays alone happily			
Comments:			

Academic Development	Exceeding	Age-Appropriate /Progressing	Area of Concern
Stays on and completes tasks			
Moves easily from one task to the next			
Is a self starter			
Is attentive			
Listens in a group			
Contributes to discussions			
Follows directions			
Demonstrates creativity			
Exhibits problem solving abilities			

Academic Development	Exceeding	Age-Appropriate / Progressing	Area of Concern
Seeks help when appropriate			
Explores new materials and demonstrates curiosity			
Comes prepared for school			
Reading readiness			
Reading comprehension (read aloud or independent reading)			
Math readiness			
Expressive language			
Comments:			

Please tell us about the child's strengths and gifts.

Have you recommended to the parents or guardians that this child be evaluated for special learning and/or behavioral needs? If yes, please comment.

Is this child currently receiving services for special learning and/or behavioral needs? If so, please specify.

We encourage any other information which you think would be helpful. Thank you.

Your name _____ Date _____

School Telephone _____ E-mail _____

School Name _____

School Address _____

If you would like to discuss this applicant/family further, please list your telephone number and the best time for us to call.

Daytime _____ Evening _____ Best time to call _____