

Teacher Questionnaire for Grades 3-5

Parent/Guardian, Please complete this section before handing it to your child's teacher.			
Student's Name	Current Grade		
Home Address	Phone		
Parent/Guardian Name	Relationship		

Teacher,

Chicago Friends School cherishes the individuality and uniqueness of each of its students and considers the whole child during the admission process. All the information you provide is confidential. Thank you for your thoughtful evaluation.

Please return this form to:

Chicago Friends School

1246 W. Thorndale Ave. Chicago, IL 60660 Phone: 773-442-2371

 $Email: \underline{admissions@ChicagoFriendsSchool.org}\\$

How long have you known the child?				
n what capacity?				
What is the student/teacher ratio in your classroom?				
What are the first three words that come to mind to describe this child?				

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.

Social-Emotional Development	Exceeding	Age- Appropriate	Progressing	Area of Concern
Sensitivity to others' feelings/respect for individual differences				
Forms friendships				
Appropriately initiates and responds to peer interaction				
Respects personal boundaries and property of others.				
Seeks positive relationships with adults				
Demonstrates self control and makes appropriate emotional reactions				
Makes transitions appropriately				
Expresses feelings and needs appropriately				
Willingly observes rules and accepts school protocols and classroom norms.				

Social-Emotional Development	Exceeding	Age- Appropriate	Progressing	Area of Concern
Comments:				

		On Grade	_	Area of
Academic Development	Exceeding	Level	Progressing	Concern
Stays on and completes tasks, persists when difficult.				
Demonstrates creativity and imagination				
Engages in thoughtful problem solving.				
Participates. Contributes and listens appropriately in group setting.				
Monitors own learning, seeks help when appropriate.				
Able to work independently				
Aural comprehension				
Reading skills				
Writing skills				
Expressive speaking skills				
Math skills and quantitative thinking				

Academic Development	Exceeding	On Grade Level	Progressing	Area of Concern
Comments:				
Does this student have a learning or be experience in the classroom? If yes, ple		rence that imp	acts their learn	ing or
Can this student's needs be met in a ge	neral education	on classroom?		
Do you have any comments or concern skills?	ns about this st	cudents' physic	cal developmer	nt or physical
Does this students have any particular	affinities or in	terests you wo	ould like to sha	re with us?
Is there any additional information that	t would be hel	pful to us in o	ur evaluation o	f this applicant?

May we contact you if we have additional questions?	
What is your preferred method and time of contact?	
Your Name	Date
School Telephone	Email

Parents/Guardians are an important part of our relationship with the student. Please share with us any thoughts you have regarding this applicant's family, including their involvement in your

school.

School Name

Thank you. Your perspective is important to us.

School Address