



Teacher Questionnaire

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 student 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: admissions@ChicagoFriendsSchool.org

How long have you known the student?

In what capacity?

What is the student/teacher ratio in your classroom?

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

We recognize that students develop at different paces along a developmental continuum. If the student demonstrates concern in an area of development, please comment including whether this is a possible area of concern or if the student has been formally evaluated and receives special services.

| Social-Emotional, Behavioral Development | Exceeding | Age-Appropriate | Progressing | Area of Concern |
|--|------------------|------------------------|--------------------|------------------------|
| Forms friendships and interacts appropriately with peers. | | | | |
| Respects others, including personal boundaries, sensitivities and feelings and properties. | | | | |
| Seeks positive relationships with adults, takes direction, asks questions. | | | | |
| Demonstrates emotional self – control and appropriate emotional reactions. | | | | |
| Tells the truth. | | | | |
| Adheres to classroom and school norms appropriately. | | | | |
| Comments: | | | | |

| Academic Development | Exceeding | Age-Appropriate | Progressing | Area of Concern |
|--|-----------|-----------------|-------------|-----------------|
| Demonstrates age appropriate reading, writing and expressive language skills. | | | | |
| Thinks quantitatively and applies mathematical skills appropriately | | | | |
| Completes tasks when assigned in designated time periods with appropriate levels of support. | | | | |
| Demonstrates creativity and imagination | | | | |
| Exhibits problem solving abilities and independence. | | | | |
| Attends to content, asks relevant questions. | | | | |
| Contributes appropriately in group setting. | | | | |
| Monitors own learning, seeks help when appropriate. | | | | |
| Comments: | | | | |

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

Does this student have a learning or behavioral difference that impacts their learning or experience in the classroom? If yes, please describe.

Does this students have any particular affinities or interests you would like to share with us?

Do you have any concerns or comments about this student's physical development or physical skills? Are there any issues we should be aware of?

Is there any additional information that would be helpful to us in our evaluation of this applicant?

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.

May we contact you if we have additional questions?

What is your preferred method and time of contact?

Your Name

Date

School Telephone

Email

School Name

School Address

Thank you. Your perspective is important to us.