



## *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 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: [admissions@ChicagoFriendsSchool.org](mailto:admissions@ChicagoFriendsSchool.org)

---

How long have you known the child?

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 child?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*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.*

<b>Physical Development</b>	Exceeding	Age-Appropriate	Progressing	Area of Concern
Gross motor development				
Fine motor development				
Speech development/clarity of speech				
Comments:				

<b>Social-Emotional Development</b>	Exceeding	Age-Appropriate	Progressing	Area of Concern
Sensitivity to others' feelings/respect for individual differences				
Demonstrates concern for others				

<b>Social-Emotional Development (continued)</b>	Exceeding	Age-Appropriate	Progressing	Area of Concern
Forms friendships				
Appropriately initiates and responds to peer interaction				
Respects personal boundaries				
Respects property of others				
Seeks positive relationships with adults				
Demonstrates self control				
Adjusts to transitions				
Expresses feelings and needs				
Plays alone happily				
Is cooperative in taking directions				
Willingly observes rules and accepts school protocols				
Learns and follows classroom norms				
Comments:				

<b>Academic Development</b>	Exceeding	Age-Appropriate	Progressing	Area of Concern
Stays on and completes tasks				
Demonstrates creativity and imagination				
Exhibits problem solving abilities				
Explores new materials and demonstrates curiosity				
Asks relevant questions				
Contributes and listens appropriately in group setting				
Seeks help when appropriate				
Able to work without supervision				
Language comprehension				
Expressive language				
Math readiness				
Comments:				

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

Do you know if this child is currently receiving services for special learning and/or behavioral needs? If yes, please specify.

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

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.*