

## **INSTRUCTIONS TO PARENTS:**

Please complete items in the first section, then give this form to your child's current teacher and request that it be completed and mailed to the City School office.

## CONFIDENTIAL TEACHER QUESTIONNAIRE

Does not apply to Pre-K &/or homeschool applicants

PARENT/GUARD	DIAN COMPLETES	THIS SECTIO	N								
Name of Applicant:											
Current Grade:	Applying for Grade:		Age:								
My child is applying for admission to City School. Please complete this form and return it to the City School office. I hereby authorize the release of the applicant's records and evaluative data to City School and agree to hold you harmless for any information you provide.											
Parent/Guardian SignatureDate:											
TEACHER COMPLETES THIS SECTION:											
Name of School:											
Name of Teacher:		Email Address:									
Subject area or grade taught:					Phone:						
Your candid estimate of the applicant is of great assistance, and your comments will be held in strict confidence.											
Is English his/her primary language?   Yes   No											
SOCIAL/EMOTIONAL DEVELOPMENT		Excellent	Good	Average	Needs Improvement	Not Applicable					
Attention span											
Ability to follow directions											
Ability to work in a group											
Attitude toward teachers											
Attitude toward peers											
Emotional Maturity											
SCHOOL PERFORMANCE		Excellent	Good	Average	Needs Improvement	Not Applicable					
Clarity of speech											
Conversational skills											
Vocabulary											
Spelling											
Grammar											
Math concepts											
Computation											
INTEREST IN THE ARTS		Excellent	Good	Average	Needs Improvement	Not Applicable					
Art											
Music											
Dramatic play											



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PHYSICAL DEVELOPMENT	Excellent	Good	Average	Needs Improvement	Not Applicable					
Large Motor Coordination										
Fine Motor Coordination										
SPECIAL NEEDS (Physical handicap or diagnosed disability):										
PLEASE COMMENT ON ALL THAT APPLY:										
Has outside professional assessment or support been recommended? $\ \Box$ Yes $\ \Box$ No										
If yes, please elaborate:										
Parental attitude toward this child:										
Parental support of your school:										
Applicant's strengths:										
Applicant's needs:										
Please include any other pertinent information:										

Thank you for your time.