



A REMARKABLE, GOD-CENTERED EDUCATION

**Lower School (K – 5) Teacher Questionnaire**

This questionnaire is designed to assist us in determining if / how this student might fit into our classroom and school environment. Your responses will be kept confidential and will not become a part of the student’s permanent records. Thank you in advance for answering the questions below and assisting us in the application process.

Child’s Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Child’s Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**How academically prepared is this child for the grade in which they are applying?**

Not Prepared	Somewhat Prepared	Adequately Prepared	Well Prepared	Exceptionally Prepared
1	2	3	4	5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How well does this child manage himself / herself behaviorally?**

Poorly		Adequately		Exceptionally
1	2	3	4	5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How well does this child socially interact with peers?**

Poorly		Adequately		Exceptionally
1	2	3	4	5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**How supportive and involved are this child's parents?**

Not At All Involved	Somewhat Involved	Average Involvement	Often Involved	Highly Involved
1	2	3	4	5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please rate this child's English proficiency:**

Poor		Adequate		Exceptional
1	2	3	4	5

Does this child have an IEP, 504 Plan or receive Title I, Title III, counselor visits, etc.?

Yes                       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide other comments that can help us determine if this can be a mutually beneficial fit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT CLEARLY**

School: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please email, mail or fax back to:**

Hope Academy  
Admission Office  
2300 Chicago Avenue  
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