



## **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:

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

Poorly		Adequately		Exceptionally
1	2	3	4	5

Comments:

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

Poorly		Adequately		Exceptionally
1	2	3	4	5

Comments:

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# Hope Academy

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:

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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:

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

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**PLEASE PRINT CLEARLY**

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

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

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

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