

# CONFIDENTIAL TEACHER QUESTIONNAIRE



Saint James  
Catholic School

## KINDERGARTEN

**Instructions to Parent or Guardian.** Make copies of this form if you wish to submit recommendations from more than one teacher. Complete items 1-4 and give to your child's teachers with a stamped envelope addressed to: Saint James Catholic School, 401 Robinbrooke Blvd., Elizabethtown, KY 42701; (fax) 270-769-5745

1. Applicant's Name \_\_\_\_\_ 2. Current Grade \_\_\_\_\_

*My son/daughter is applying for admission to Saint James Catholic School. I hereby authorize the release of my child's records and evaluative data to Saint James Catholic School and agree to hold the school, teacher, and administrator below harmless for information provided in this questionnaire.*

3. Parent/Guardian Signature \_\_\_\_\_ 4. Date \_\_\_\_\_

**Instructions for Teacher.** Please use your professional judgment in answering the questions on both sides of this form. Keep in mind that Saint James Catholic School tries to provide for a variety of learning differences, but is unable to offer remediation for significant learning needs of students. This information will be strictly confidential. \*\*Please mail or fax to the above address/number.

School Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Grade or Subject Taught \_\_\_\_\_ Length of time acquainted with applicant \_\_\_\_\_

What are the first words that come to mind to describe this applicant? \_\_\_\_\_

To your knowledge, has this student had any history of behavioral problems? If yes, please explain.

What, if any, accommodations were made in your classroom for this student? \_\_\_\_\_

In relation to other students, how much of your personal time and attention does this applicant require of you in order to be successful in your class?

☐ Significantly More ☐ More ☐ Average ☐ Less ☐ Significantly Less

Has the student ever been recommended for or identified as needing:

☐ Gifted Program ☐ Grade Retention ☐ Psycho-Educational Testing ☐ Response to Intervention Process  
☐ Tutoring ☐ Special Education ☐ ADD/ADHD ☐ None

If the answer was **yes** to any of the above, did the parents follow through? ☐ Yes ☐ No

To your knowledge, does this child have an IEP, 504 Plan, School Accommodation Plan or Behavioral Intervention Plan?

To your knowledge, does this student receive additional resources such as Speech or Occupational Therapy?

### Rate the applicant on the following:

	All	Many	Some	None
Recognizes letters				
Knows letter sounds				
Writes letters				
Recognizes sight words				
Knows basic colors				
Knows basic shapes				

Recognizes letters to: \_\_\_\_\_ Writes to letters to: \_\_\_\_\_ Recognizes numbers to: \_\_\_\_\_ Writes numbers to: \_\_\_\_\_

Please rate this student using the following criteria:

	Excellent	Good	Fair	Poor	Not Observed
Ability to handle frustration					
Ability to follow directions					
Ability to wait his or her turn					
Academic progress					
Attention span					
Attitude toward school					
Classroom conduct					
Consideration for others					
Effort					
Emotional maturity					
Fine motor skills - coloring					
Fine motor skills - cutting					
Fine motor skills - writing					
Gross motor skills					
Oral expression					
Plays and cooperates in a group					
Relationship with peers					
Relationship with teachers					
Retains information (memory)					
Social maturity (age appropriate)					
Works independently					

Please use this space to explain any **fair or poor** ratings from above: \_\_\_\_\_

	Excellent	Good	Satisfactory	Unsatisfactory
Accept teacher's suggestions				
Follow school policies and procedures				
Interested in child's progress				
Pay tuition and fees on time				

Based on your knowledge and experience with this student, please check one of the following:

- ☐ I strongly recommend this candidate for admission.  
☐ I endorse this candidate.  
☐ I endorse this candidate with reservations.  
☐ I do not endorse this candidate.

Please make any additional comments that will help us understand the applicant and his/her appropriateness for Saint James Catholic School. Please feel free to include an additional sheet or write a separate letter, if appropriate.

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_