



# QUEEN of ANGELS CATHOLIC SCHOOL

11340 Woodstock Road  
 Roswell, Georgia 30075  
 tel 770-518-1804 ext.101  
 fax 770-518-0945  
 www.qaschool.org

## Confidential Teacher Questionnaire / Kindergarten and First Grade

To be completed by Pre-school Teacher or Current Homeroom Teacher

**Instructions to Parent or Guardian.** Make copies of this form if you wish to obtain recommendations from more than one teacher. Complete items 1-4 and give to your child's teacher(s) with a stamped envelope addressed to: Queen of Angels Catholic School, Admissions Office, 11340 Woodstock Road, Roswell, Georgia 30075.

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

*My son/daughter is applying for admission to Queen of Angels Catholic School. Please complete this form and return it directly to the Admissions Office. I hereby authorize the release of my child's records and evaluative data to Queen of Angels Catholic School and agree to hold the school, teacher, and/or administrator below harmless for confidential information provided in this questionnaire.*

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

**Instructions for Teacher.** Please use your professional judgment in answering the questions on this form. Keep in mind that Queen of Angels 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.

School name \_\_\_\_\_ Teacher name \_\_\_\_\_

Grade taught \_\_\_\_\_ Length of time acquainted with applicant \_\_\_\_\_

In relation to others in the applicant's age group whom you have taught, please rate the applicant by checking the appropriate boxes:

Not Observed		Poor	Fair	Average	Good	Excellent	Superior
	Ability to cope with frustration						
	Ability to follow directions						
	Ability to wait his/her turn						
	Attempts to decode						
	Attention span						
	Classroom conduct						
	Effort and Cooperation						
	Fine motor development						
	Knows letter sounds						
	Oral expression						
	Recognizes letters						
	Recognizes numbers						
	Recognizes/reads sight words						
	Relationship with teacher(s)						
	Relationships with peers						
	Retention of information						
	Social maturity (for age)						

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

\_\_\_\_\_

\_\_\_\_\_

In relation to other students, how much of your personal time and attention did this applicant require in order to succeed?

- Significantly More     More     Average     Less     Significantly Less

Please describe any difficulties that may affect the applicant's progress. (physical, learning, emotional, social, behavioral, language barriers, etc.) \_\_\_\_\_

\_\_\_\_\_

If applicable, what reading series and level was used? \_\_\_\_\_

If applicable, what math series and level was used? \_\_\_\_\_

Are you aware of any educational or psychological tests administered to the applicant? If yes, please elaborate.

\_\_\_\_\_

How well have the applicant's parents cooperated with school policies and teacher recommendations?

\_\_\_\_\_

I recommend this student for admission to Queen of Angels Catholic School for:

	Not at all	With reservation	With confidence	Enthusiastically
Academic ability and promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_