

Carmel School Teacher Questionnaire



FOR OFFICE USE ONLY

Student Number

Grade

Documents Missing

Application Fee Ref. #

Section 1

Parent Section

Parents are to complete this form. Please give the Teacher Section to the applicant's Head Teacher/Year Leader/Subject Teacher(s) to fill in. This is a confidential reference and must be returned to us directly from the School.

Applicant's Name	<input type="text"/>
Date of Birth (Day Month YYYY)	<input type="text"/>
Current Grade	<input type="text"/>
Grade Applying For	<input type="text"/>

I give permission for to complete this form and return it directly to Carmel School. I understand that it will be used for admission purposes only and will not become part of the applicant's permanent record.

Name <i>(Please Print)</i>	<input type="text"/>	Signature	<input type="text"/>
Relationship to Applicant	<input type="text"/>	Date	<input type="text"/>

Section 2

Teacher Section

Dear Head Teacher/Year Leader/Subject Teacher(s),

The child named above has applied for admission to Carmel School. Thank you for taking the time to complete this fully confidential evaluation. Please feel free to add additional comments that you feel are important to help us understand this applicant.

If you have any questions, please call the Admissions Office (+852 3665 5388)

Teacher's Name	<input type="text"/>		
Position	<input type="text"/>		
School Name	<input type="text"/>		
School Address	<input type="text"/>		
Telephone	<input type="text"/>	E-mail	<input type="text"/>
Date of Completion of Form	<input type="text"/>		

Carmel School Association

Teacher Recommendation (Pre K-Grade 2)

Applicant's Name

Please tick the box that applies in each category

Attention Span

- Able to focus and maintain attention over time
- Attends with occasional redirection
- Easily distracted and requires frequent redirection

Task Persistence

- Persists and completes tasks independently
- Attempts task, with some encouragement
- Attempts task, after much encouragement
- Refuses to attempt or complete task

Degree of Independence

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision or guidance to complete task

Body Movement and Listening Times

- Sits quietly with self control
- Some squirming
- Much movement
- Body constantly in motion; out of seat

Interpersonal Skills

- Works and plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers
- Has difficulty interacting with adults

Comprehension to Instructions

(Teacher directed activities)

- Able to comprehend most age appropriate instructions
- Understands after repetition
- After several repetitions, only partially understands instructions
- Does not appear to comprehend most instructions

Attention to Instructions

- Listens carefully to full instructions
- Attends only to brief instructions
- Plunges ahead after hearing part of the instructions

Communication Skills

- Communicates ideas clearly
- Has difficulty expressing wants or needs
- Speech has sound substitutions
- Verbal interactions are inappropriate for age or situation

Confidence

- Has much self confidence
- Confident with the familiar; attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain; needs much encouragement

Language Development

- Advanced
- Age appropriate
- Delayed

Reading Readiness

- Advanced
- Age appropriate
- Delayed

Math Readiness

- Advanced
- Age appropriate
- Delayed

Additional Support

Additional support service(s) the applicant has received (Please tick the boxes which apply):

- English as a Second Language
- Occupational Therapy
- Remedial/Learning Support
- Gifted and Talented
- Speech/Language Therapy
- IEP
- Behaviour Support
- Individual/Group Counselling
- Other

Please provide detail and description for any of the services checked above. Please describe any improvement observed in these areas, and whether or not continued accommodation is recommended for the coming school term. This information is required in order for us to provide suitable support should the application be successful.

Other

Does the applicant have any health or physical concerns? Any prescribed medication?

Strengths/Concerns and Other Comments

Carmel School Association

Teacher Recommendation (Grade 3-12)

Applicant's Name

Please tick the box that applies in each category

	Excellent	Good	Average	Below Average	Cause for Concern
English Language Ability					
Oral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics					
Facts and Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concept Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Attainment					
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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