



Live Oak

CLASSICAL SCHOOL

P.O. Box 647
Waco, TX 76703-0647
254-714-1007

TEACHER QUESTIONNAIRE

(Kindergarten and 1st Grade Applicants)



Parents:

Please complete the top portion of this form and give to your child's current teacher. Ask that it be completed and returned directly to Live Oak Classical School.

PARENTS:

Name of Applicant: _____ Applying for Grade: _____

My son/daughter is applying for admission to Live Oak Classical School. Please complete this form and return it directly to Live Oak Classical School. I authorize the release of my child's records and evaluative data to Live Oak Classical School and hold you harmless for any information provided.

Signature of Parent/Guardian: _____ Date: _____

CURRENT TEACHERS:

Live Oak Classical School appreciates an honest assessment of the above named student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record.

Teacher: _____ Subject: _____ Grade: _____

School: _____ Teacher Signature: _____

Telephone: _____ Date: _____

SOCIAL/EMOTIONAL

	EXCELLENT	GOOD	AVERAGE	NEEDS IMPROVEMENT	NOT APPLICABLE
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Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates easily from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL PERFORMANCE

	EXCELLENT	GOOD	AVERAGE	NEEDS IMPROVEMENT	NOT APPLICABLE
Small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness/Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMMENT ON THE FOLLOWING:

How would you describe this child's temperament?

Parental support and involvement:

Applicant's social and emotional development compared with others:

Describe student's response to direction and/or correction:

Does applicant have a history of learning disabilities?

Does he/she require special assistance to meet academic requirements?

Strengths:

Weaknesses:

Please attach additional comments: