TARBUT V'TORAH
Community Day School
Love Learning. Live Values. Discover Heritage.

Teacher Questionnaire

TO THE PARENT: After you have completed the section below, please give this form to the Director or other authorized personnel of your child's preschool. Kindly request that they mail it directly to our school.

Name of Student: _____ Date of Birth_____

Name of Parent/s: _____

Address: _____ City: _____

Home Phone: _____ State: _____ Zip: _____

Proposed Admission Date: _____

TO THE DIRECTOR AND/OR TEACHER

The above student has applied to Tarbut V'Torah Community Day School (TVT). Your impressions of the applicant are very important in helping us learn more about the child. Your judgments are used solely for the admissions process and are held in the strictest confidence. We appreciate your time and effort in completing this questionnaire. Kindly return this form within one week of receipt. FAX (949) 856-2400, or mail it directly to TVT. Thank you for your input.

Social and Emotional Development	**Proficient**	**In Process**	**Not Yet**
Shows comfort and confidence with self			
Follows classroom rules and routines			
Uses classroom materials purposefully and respectfully			
Manages transitions and adapts to changes in routines			
Participates in the group life of the class			
Interacts easily with adults			
Interacts easily with one / more children when playing or working			
Shows empathy and caring for others			
Seeks adult help when needed			
Uses words to resolve conflicts			
Comments:			

Physical Development	**Proficient**	**In Process**	**Not Yet**
Uses writing and drawing tools with confidence and control			
Uses balance and control to perform large motor tasks			
Comments:			

Language, Literacy and Mathematical Thinking	**Proficient**	**In Process**	**Not Yet**
Uses spoken language for a variety of purposes			
Speaks clearly, conveying ideas in discussions and conversations			
Recognizes the association between spoken and written words			
Recalls detailed information from a story			
Shows understanding of the concept of number and quantity			
Demonstrates an understanding of one-to-one correspondence			

Approach To Learning			
Shows eagerness and curiosity as a learner			
Follows directions that involve a series of actions			
Grasps new concepts with relative ease			
Sustains attention during seat and group activities			
Completes tasks/projects in a timely manner			
Uses problem solving skills			

What else would you like to tell us about this child? _____

_____

_____

_____

_____

_____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school functions				
Complies with school rules/policies				
Cooperates with faculty/administration				
Has realistic expectations for child				
Comments:_____				
_____				

Form completed by: _____ Title/Position: _____

How long have you known this child? _____

School Telephone Number: (_____)_____

Name of School: _____

Address of School: _____

City, State, Zip_____

Today's Date: _____

If there is any additional information that would be better conveyed in a phone conversation, please indicate so and we will be glad to contact you. YES? ☐ NO? ☐

Thank you again for your participation,

Wendy Gold Leberman
Director of Admissions
Phone (949) 509-9500 x1102 FAX (949) 856-2400