

CHA Chabad Hebrew Academy Preschool 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 fax, email or send it directly to our school.

Name of Child: _____ Date of Birth: _____

Name of Parent/s: _____

Address: _____

City: _____

Home Phone: _____ State: _____ Zip: _____

Proposed Admission Date: _____

TO THE DIRECTOR AND/OR TEACHER

The child listed above has applied to Chabad Hebrew Academy (CHA). 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 (858) 547-8078, email to spodlipsky@chasd.org or mail it directly to CHA Admissions 10785 Pomerado Rd, San Diego CA 92131. 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:			

Approach To Learning	Proficient	In Process	Not Yet
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			
Speaks in a way that can be easily understood by others.			
Comments:			

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:				

Is there anything else would you like to tell us about this child? _____

Form Completed By: _____

Title/Position: _____

How Long Have You Known This Child? _____ School Telephone Number: (____) _____

Name of School: _____ Address of School: _____

City, State, Zip: _____ Todays Date: _____

Is there 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,

Chabad Hebrew Academy
Shelly Laniado – Director of Admissions
10785 Pomerado Rd.
San Diego, CA 92131
 Fax: (858) 566-1996 ext. 1204

spodlipsky@chasd.org