



EL PASO JEWISH ACADEMY

an oasis for learning

805 Cherry Hill Lane, El Paso, Texas 79912 (915) 833-0808 Fax (915) 833-0819

TEACHER QUESTIONNAIRE

Name of Student: _____ Admission Date: _____ Enrolling Grade: _____

The above student has applied to El Paso Jewish Academy. EPJA is a coeducational Jewish Day School for students who are well motivated and are of good character. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We appreciate your taking the time and effort to provide us with this important information. Your judgments are used solely for the admissions process and are held in the strictest confidence. Kindly return this form within one week of receipt. FAX (915) 833-0819, or mail it directly to EPJA in the envelope provided. Thank you for your cooperation.

Name of Teacher: _____ Current School Phone: () _____

Current School: _____

Current School Address: _____

City: _____ State: _____ Zip Code: _____

In what grade/subjects do you or did you teach this child? _____

How long have you known this applicant? _____

Today's Date: _____

Please complete the following by checking the appropriate rating.

	Excellent	Good or Above Average	Fair or Average	Limited or Poor
Motivation				
Study habits				
Planning & organizational skills				
Ability to work in a group				
Ability to work independently				
Participation in discussions				
Critical thinking				
Following directions				
Problem-solving				
Ability to express ideas orally				
Use of time				
Attention span				
Listening skills				
Vocabulary				
Completing assignments on time				

Seeking help when needed				
	Excellent	Good or Above Average	Fair or Average	Limited or Poor
Reading for pleasure				
Reading comprehension				
Written expression/content				
Written expression/mechanics				
Mathematical ability				
Imagination				
Maturity				
Integrity				
Leadership potential				
Initiative				
Stability				
Creativity				
Sense of humor				
Self confidence				
Responsibility				
Consideration of others				
Social adjustment with peers				
Respect of authority				
Classroom conduct				
Response to criticism				
Appropriate handling of anger				
Self-control				
Attendance				
Punctuality				

Family Information

	Excellent	Good or Above Average	Fair or Average	Limited or Poor
Communication with your school				
Attendance at school functions				
Cooperation with school rules				
Cooperation with administration/faculty				
Participation in child's education				

(Teacher Questionnaire Cont.)

Kindly respond to the following:

1. Are there any academic concerns? _____

2. Are there any social or emotional concerns? _____

3. Are there any disciplinary concerns? _____

4. Are you aware of any health or medical issues? _____

5. Describe the student's personality: _____

6. What are the student's strengths? _____

7. What are the student's weaknesses? _____

8. Do you feel this child is well prepared for the enrolling grade? (See page 1) _____
9. Are there other comments you have regarding this student? _____

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? ____

We thank you in advance for the help your comments provide.