



The Classical Academy of Naples

P.O Box 770891
Naples FL, 34107
239-249-2626

Teacher Questionnaire for Student Admission

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 The Classical Academy of Naples.

Name of Applicant: _____ Grade Applying _____

Signature of Parent/Guardian: _____ Date: _____

Current Teachers: The Classical Academy of Naples 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: _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Does the student perform to his/her full potential?

Please comment on the Parental support and involvement.

How long have you known the student? _____

Circle the following from 1 through 5- One being below average and five being superior.

Self discipline	1	2	3	4	5
Attitude towards peers	1	2	3	4	5
Expresses oneself effectively	1	2	3	4	5
Motivation	1	2	3	4	5
Initiative	1	2	3	4	5
Work habits	1	2	3	4	5
Follows directions	1	2	3	4	5
Verbal expression	1	2	3	4	5
Listening skills	1	2	3	4	5
Ability to reason	1	2	3	4	5
Neatness/Organization	1	2	3	4	5
Social skills	1	2	3	4	5
Math skills	1	2	3	4	5
Vocabulary development	1	2	3	4	5
Response to correction	1	2	3	4	5
Conversational skills	1	2	3	4	5

Does the candidate possess and special talents, competence, or potential for leadership or does he/she exhibit and behavior indicating that leadership?

Are there any additional comments you would like to make regarding the applicant?
