



Summit School

187-30 GRAND CENTRAL PARKWAY
JAMAICA ESTATES, N Y 11432
www.summitschoolqueens.com

LOWER SCHOOL 718/969-3944
FAX: 718/969-4073

UPPER SCHOOL 718/264-2931
FAX: 718/264-3030

ADMISSIONS QUESTIONNAIRE FOR TEACHERS AND THERAPISTS

Student's Name: _____

This section to be filled out by parent prior to sending to teacher

Please sign this form, make copies, and send to your child's teacher(s). You may also give a copy to your child's therapist, tutor or learning specialist.

I give permission for _____ to complete this questionnaire.
(Name of Teacher, Therapist, Tutor or Learning Specialist)

His/Her Title: _____

Parent's Signature: _____ Date: _____

TO BE FILLED OUT BY TEACHER/THERAPIST:

Teacher/Therapist Name: _____ School: _____

Telephone Number: _____ Relationship to Student: _____

How long and in what capacity have you known this student? _____

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Academics

1. What is this student's reading level? _____ Describe briefly this student's specific strengths/difficulties:

Strengths: _____

Difficulties: _____

2. What is this student's math level? _____ Describe briefly this student's strengths/difficulties:

Strengths: _____

Difficulties: _____

3. How would you describe this student's writing skills? _____

Content: _____

Organization of Ideas: _____

Handwriting: _____

4. What are this student's other areas of academic strength and weakness?

5. How would you characterize this student's conceptual reasoning ability?

Work Habits

1. Please describe how this student works in a group setting: _____

2. Please describe how this student works with one person: _____

3. How would you describe this student's organizational skills? _____
4. Please describe any attentional issues this student has: _____
Is this students able to concentrate? _____
Does this student move around a lot? _____
5. Does this student work independently? _____ If so, under what circumstances? _____
6. When this student is having difficulty with the work, does he/she ask for help? _____
7. How would you characterize this student's motivation for learning? _____

Social Skills

1. Does this student actively participate in classroom activities and discussion? _____
Does he/she require teacher prompting? _____
2. Describe the student's relationship with peers? _____
3. How does this student feel about him/herself? _____
4. What are the student's personal strengths? _____

Comments and Additional Information

Teacher/Therapist's Signature _____ Date _____
Thank you. Please return within one week to:

Nancy Morgenroth, Director of Admissions
The Summit School
187-30 Grand Central Parkway
Jamaica Estates, NY 11432

If you have any questions, call 718/264-2931 x206.