

Teacher Questionnaire

Dear Parent(s), Please give this form to one of your child's core subject teachers. A core subject would be English, Math, Science, History, etc.

Dear Teacher, This child has applied to attend The Painted Turtle, a medical specialty summer camp. You supplying the following information will help us provide the most positive experience possible for the child. Teachers often have been insight into how children interact with their peers, accept direction/discipline, express their frustrations, learn and understand, and most importantly, what they enjoy doing. Thanks for taking the time to help us!
Please return this form when complete directly to The Painted Turtle by fax or e-mail. Fax #661-724-1566 or admissions@thepaintedturtle.org

Child's Name: School:

Teacher Name: Phone Number:

Class/Subject: E-mail Address:

If we have additional questions, what would be the best way to contact you over the summer?

1. Please give us a brief description of the child's personality: (check all that apply)

- | | | | | |
|--|--|--------------------------------------|--|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Leader | <input type="checkbox"/> Mature for age | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Slow to warm up | <input type="checkbox"/> Follower | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Competitive | <input type="checkbox"/> Especially active | <input type="checkbox"/> Easily Frustrated |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Patient | <input type="checkbox"/> Other | <input type="text"/> | |
| <input type="checkbox"/> Participates well with others | | | | |

2. **Outside of academics**, in what area of the child's life does he/she demonstrate the greatest sense of success?

3. What kinds of social challenges does the child encounter while in school?

4. What have you found to be the best way to help him/her resolve these challenges?

5. Has the child ever been suspended or expelled from school for any reason? Yes No

Date, Circumstance and Resolution:

6. What grade is this child currently in? Does he/she work at that grade level? Yes No

Does he/she have a developmental delay? Yes No Does this child have a 1:1 aide at school? Yes No

If yes, please explain:

7. Describe how this child is perceived by peers:

8. Is there any information that has not been covered that you feel would be helpful to us? (i.e., recent changes in the child's world, life stressors, difficulty in school, difficulty with peers, etc.)

Teacher Signature: Date:

Please send to: The Painted Turtle
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Lake Hughes, CA 93532
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admissions@thepaintedturtle.org