

Family Questionnaire: Junior Kindergarten



St. MARGARET MARY
SCHOOL COMMUNITY

Parent Name _____

Child's Name _____

Boy Girl Birth Date: ___/___/____ Primary Language: _____

The Preschool my child attends: _____

Who completed this form? _____

Relationship to child _____ Date ___/___/____

I give my permission to personnel at St. Margaret Mary School to contact my child's Preschool Teacher/ Childcare Provider for further information.

Parent Signature: _____

Five words that best describe my child are: _____

My child prefers the following toys and activities: _____

Personality Traits:

On a scale of 1 to 4, with **1 being Rarely and 4 being Often**, please indicate how often your child does the following:

- | | |
|--------------------------------------|------------------------------------|
| _____ Plays cooperatively with peers | _____ Follows directions |
| _____ Works independently | _____ Demonstrates self-confidence |
| _____ Exhibits self-control | _____ Shows concern for others |
| _____ Listens attentively | _____ Responds well to correction |
| _____ Separates easily from parent | _____ Attends well to a task |

Continued

Academic:

YES/NO Can your child do the following?

- _____ Read or recognize their name
- _____ Count to 10
- _____ Recognize basic colors
- _____ Recognize basic colors (circle, square, triangle, rectangle)
- _____ Recite the alphabet
- _____ Speak in 5 to 6 word sentences and sing simple songs
- _____ Cut with scissors
- _____ Fold paper
- _____ Follow or trace dotted lines

YES/NO Does your child?

- _____ Notice similarities and differences
- _____ Use scribbles and drawings to tell a story
- _____ Listen to and respond to stories read to them
- _____ Know how a book works; knows the difference between print and pictures
- _____ Ask questions such as who, what, when, where

Independent Skills:

YES/NO Does your child?

- _____ Help put away their belongings
- _____ Put on and take off their own coat
- _____ Brush their own teeth
- _____ Help pick out their own clothes
- _____ Help clean up their own toys
- _____ Take care of own toileting needs

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Child's Name _____

Boy Girl Birth Date: ___/___/_____ Primary Language: _____

The Preschool my child attends: _____

Who completed this form? _____

Relationship to child _____ Date ___/___/_____

I give my permission to personnel at St. Margaret Mary School to contact my child's Preschool Teacher/ Childcare Provider for further information.

Parent Signature: _____

1. My child uses:

- | | | | |
|---|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Crayons | <input type="checkbox"/> Pencil | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Glue |
| <input type="checkbox"/> Blocks | <input type="checkbox"/> Computer/iPad | <input type="checkbox"/> Scissors | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Finger Paint | <input type="checkbox"/> Telephone | <input type="checkbox"/> TV |
| <input type="checkbox"/> Handheld video games | | | |

2. When school is not in session, my child is:

- At home with a caretaker
- At a Daycare Please list Provider: _____
- Other

3. The things my child does that please me the most are: _____

4. The things my child does (or does not do) that concern me the most are: _____

5. My child prefers the following toys and activities: _____

6. The activities my child and I do together are: _____

7. The form of discipline is used for negative/positive behavior: _____

8. I give my child medication for: _____

9. My child has the following medical problems: _____

10. My child is allergic to: _____

11. When my child is given a pencil, pen, or crayon, he/she will: _____

12. When I leave my child for a short time or with a sitter, he/she will: _____

13. When my child and I look at books, he/she will: _____

14. When I call my child from an activity, he/she will: _____

15. My child:

- Generally, sleeps through the night in his/her own bed
- Frequently sleeps in our room
- Frequently wakes up

17. My child is:

- Independent
- Dependent for his/her age

16. My child sleeps:

- Less than most children
- More than most children
- Average compared to most children

18. My child is:

- Right handed
- Left handed
- Undecided

Please check the following that apply from the list:

My child:

- | | |
|--|---|
| <input type="checkbox"/> Is able to accept limits | <input type="checkbox"/> Has difficulty using pencils, crayons, or scissors |
| <input type="checkbox"/> Easily smiles, giggles, or laughs | <input type="checkbox"/> Often takes a nap |
| <input type="checkbox"/> Awakens easily | <input type="checkbox"/> Is able to button |
| <input type="checkbox"/> Plays with other children | <input type="checkbox"/> Is able to zip |
| <input type="checkbox"/> Separates from me easily | <input type="checkbox"/> Has difficulty with hand/eye coordination |
| <input type="checkbox"/> Plays well in a group | <input type="checkbox"/> Has poor control of body |
| <input type="checkbox"/> Has unclear or garbled speech | <input type="checkbox"/> Asks people to repeat or talk louder |
| <input type="checkbox"/> Has difficulty expressing wants | <input type="checkbox"/> Attends to task for a reasonable period of time |
| <input type="checkbox"/> Uses complete sentences | <input type="checkbox"/> Favors one ear over the other |
| <input type="checkbox"/> Needs instructions repeated often | <input type="checkbox"/> Is startled at sudden noises |
| <input type="checkbox"/> Helps with household chores | <input type="checkbox"/> Has earaches |
| <input type="checkbox"/> Takes care of own toileting needs | <input type="checkbox"/> Speaks loudly |
| <input type="checkbox"/> Has difficulty dressing him/herself | <input type="checkbox"/> Watches a person's face when that person talks |
| <input type="checkbox"/> Is easily distracted | <input type="checkbox"/> Squints |
| <input type="checkbox"/> Darts from one task to another | <input type="checkbox"/> Sits too close to the TV |
| <input type="checkbox"/> Persists when asked to stop | <input type="checkbox"/> Blinks a lot |
| <input type="checkbox"/> Holds a book very close to his/her face | <input type="checkbox"/> Rubs his/her eyes |
| <input type="checkbox"/> Seems to understand directions | <input type="checkbox"/> Asks for adult help when needed |
| <input type="checkbox"/> Acts much younger than his/her peers | <input type="checkbox"/> Seeks much younger friends |

Please share any further information that has not been addressed: _____

Has your child ever received any special services?

- | | |
|---|---|
| <input type="checkbox"/> Speech articulation | <input type="checkbox"/> Speech language development |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> First Steps |
| <input type="checkbox"/> Treatment for medical conditions (eg. Seizures, hearing, vision, neurological) | |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other please describe: _____ |

Is a written report available? If so, please provide: _____

Has your child ever been assessed OR is in the process of being assessed for any special services or concerns? If so, please describe. _____



ST. MARGARET MARY
SCHOOL COMMUNITY

Pre-School Teacher Questionnaire

Required for Junior Kindergarten and Kindergarten admission
To be completed by the pre-school teacher.

7813 Shelbyville Road, Louisville, KY 40222
(502)426-2635
admissions@stmm.org

Child's Name: _____ Teacher Email Address: _____

Pre-school the child attends: _____ Pre-School Phone Number _____

Teacher's Signature _____

Date _____

1. This child uses:

- | | |
|--------------------|----------------------------|
| _____ Crayons | _____ Pencil |
| _____ Glue | _____ Blocks |
| _____ Scissors | _____ Computer |
| _____ Finger paint | _____ Handheld video games |

2. The things this child does that please me the most are _____

3. The things this child does (or does not do) that concern me the most are

4. This child prefers the following activities _____

5. The activities this child and I do together are _____

6. When this child does not follow directions I _____

7. When this child is given a pencil, pen, or crayon, he/she will

Please check () the responses that you think best describe this student:

Social & Emotional Behavior	Rarely	Sometimes	Nearly Often	Often
works & plays cooperatively				
works independently				
accepts responsibility				
exhibits self-control				
is able to relate to adults				
Relates well to peers				
Work Habits & Attitudes	Rarely	Sometimes	Nearly Often	Often
shows initiative				
listens attentively				
follows directions				
completes assigned tasks				
shows an active interest in activities				
Academic Traits	Poor	Fair	Good	Outstanding
academic interest				
motivation				
originality				
promptness				
organization				
use of academic potential				
study habits				
Personal Traits	Poor	Fair	Good	Outstanding
self-confidence				
concern for others				
standards of personal integrity				
peer relations				
adult relations				
general level of maturity				

Can this Child:	Yes	NO
Write their name		
Count to 10		
Write numbers to 10		
Recognize:		
all letters of the alphabet		
some letters of the alphabet		
few letters of the alphabet		
Write the alphabet		
Copy from the board (near/far point)		
Recognize basic colors		
Recognize basic shapes		

Describe any special/unusual characteristics or strengths/weaknesses which may be relevant to the student's performance in school

Has this child ever been assessed or recommended for assessment?

If so, in what areas?

What were the results?

Is a written report available? _____ If so, please provide.

Are there any suspected areas of need that should be monitored? If so, please list.

Would it be beneficial to further discuss, in more detail, the upcoming placement of this child?

Thank you for completing this form.

It can be returned by one of the following ways:

- Email at admissions@stmm.org
- Fax at (502.426.1304)
- Mail to 7813 Shelbyville Road, Louisville, KY 40222
- Or returned to the family to be uploaded to the new student application.

If you have any questions, please contact us at admissions@stmm.org.