



**SAINT ANNE CATHOLIC SCHOOL
PARENT QUESTIONNAIRE
KINDERGARTEN – EIGHTH GRADE APPLICANTS**

Student Name: _____ Date of Birth: _____

Student Primary Language: _____

Languages spoken at home: _____

The academic progress of your child is very important to us. It is an integral part of our philosophy that each child be properly placed within our academic program to ensure the building of a successful educational experience. The information you hold as a parent is valuable to us. Please share this information by completing the questionnaire below. The responses will remain confidential and will be viewed only by school officials and educators. Failure to disclose information pertinent to your child's educational background may result in dismissal from the school.

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD.

YES NO 1. Has your child ever been in a speech therapy program? If yes, indicate grade(s) your child was in the program.

YES NO 2. Has your child ever been in an ESL or bilingual program? If yes, indicate grade(s) your child was in the program.

YES NO 3. Has your child ever been in a gifted and talented and/or honors program? If yes, indicate grade(s) your child was in the program.

YES NO 4. Has your child ever skipped a grade? If yes, indicate which grade(s). _____

YES NO 5. Has your child ever been retained? If yes, indicate which grade(s). _____

YES NO 6. Has your child ever been in a remedial and/or tutoring program? If yes, indicate grade(s) and academic areas in which your child was in the program.

YES NO 7. Has your child ever been tested for a learning disability or difference? This includes all educational, psychological or medical testing including ADD or ADHD. If yes, indicate grade(s) your child was tested and results of testing.

YES NO 8. Has your child ever been in a special education program? If yes, indicate grade(s) and academic areas in which your child was in the program.

YES NO 9. Does your child presently have an Individualized Educational Plan (IEP)? If yes, date of last ARD. _____

10. How many schools has your child previously attended? _____

Please list all schools previously attended: _____

11. Check any areas that apply to your child. My child:

___acts much younger than age.

___acts much older than age.

___is athletic. Specify: _____

___is artistic. Specify: _____

___is musical. Specify: _____

___wears glasses or contacts. ___has other visual difficulties. Specify: _____

___has hearing difficulties. Specify: _____

___has physical impairments. Specify: _____

___takes medication regularly. Specify: _____

___is self-motivated/independent.

___follows directions accurately.

___accepts responsibility.

___accepts limits and rules.

___accepts consequences for behavior.

___can be argumentative with adults/authority.

___can be aggressive.

___can be overactive and impulsive.

___uses time efficiently.

___has difficulty completing homework.

___completes tasks with little assistance.

___follows group norms and social rules.

I acknowledge that the information provided above is correct.

Parent Signature

Date