



**SAINT ANNE CATHOLIC SCHOOL  
PARENT QUESTIONNAIRE  
EARLY CHILDHOOD 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. It is required that all children be toilet trained before acceptance.

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD.

1. During the day, my child:

\_\_\_ attends preschool/daycare. \_\_\_ full day \_\_\_ half day \_\_\_ occasionally

\_\_\_ is home with mom/sitter. \_\_\_ full day \_\_\_ half day \_\_\_ occasionally

\_\_\_ attends speech therapy. \_\_\_ hours per week

2. My child uses: \_\_\_ crayons \_\_\_ glue \_\_\_ scissors \_\_\_ pencils

\_\_\_ tricycle \_\_\_ bicycle \_\_\_ computer.

3. The things my child does that please me most are: \_\_\_\_\_

\_\_\_\_\_

4. The things my child does or does not do that worry me the most are: \_\_\_\_\_

\_\_\_\_\_

5. The activities my child and I do together are: \_\_\_\_\_

\_\_\_\_\_

6. When my child disobeys me, I \_\_\_\_\_.

7. My child has allergies to: \_\_\_\_\_

8. My child has (or had) the following medical problems: \_\_\_\_\_

9. My child began to talk at \_\_\_\_\_ months and walk at \_\_\_\_\_ months.

10. My child has \_\_\_ some difficulty / \_\_\_ no difficulty in expressing him/ herself verbally.

11. My child was \_\_\_\_\_ full term / \_\_\_\_\_ premature (by \_\_\_\_\_ weeks).

12. My child \_\_\_\_\_ is / \_\_\_\_\_ is not toilet trained.

13. My child \_\_\_\_\_ sleeps through the night / \_\_\_\_\_ frequently wakes up.

14. My child is \_\_\_\_\_ independent / \_\_\_\_\_ dependent for his/her age.

15. Check any area that applies to your child. My child:

\_\_\_has tantrums.

\_\_\_takes longer to do some tasks.

\_\_\_is not able to accept limits.

\_\_\_acts much younger than age.

\_\_\_resists rules.

\_\_\_is afraid to climb.

\_\_\_is destructive with toys.

\_\_\_falls or bumps into things.

\_\_\_is fearful a lot.

\_\_\_has difficulty using crayons.

\_\_\_does not separate easily.

\_\_\_has difficulty using scissors.

\_\_\_does not play with other children.

\_\_\_does not like puzzles.

\_\_\_has unclear speech.

\_\_\_has difficulty catching a ball.

\_\_\_needs instructions repeated often.

\_\_\_has difficulty throwing a ball.

\_\_\_gives inappropriate answers.

\_\_\_has had numerous ear infections.

\_\_\_has difficulty dressing.

\_\_\_has ear tubes.

\_\_\_has difficulty following routines.

\_\_\_has eyes that turn in or out.

\_\_\_is easily distracted.

\_\_\_squints.

\_\_\_has a short attention span.

\_\_\_wants to sit close to TV.

\_\_\_darts from one task to another.

\_\_\_wears hearing aid.

\_\_\_wears glasses.

\_\_\_other handicap or medical condition.

\_\_\_is color blind.

Specify: \_\_\_\_\_

\_\_\_takes medication on regular basis. Specify: \_\_\_\_\_

**I acknowledge that the information provided above is correct.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date