



**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