



# Maternity B.V.M. School

Each one of us is Jesus in disguise – Mother Teresa

Cada uno de nosotros es Jesús disfrazado – Madre Teresa

## PARENT QUESTIONNAIRE: PRE-K 3 & 4

Please help us get to know your child by completing the questionnaire below. The responses will remain confidential and will be viewed only by school administrators and teachers. Providing false information and/or withholding information will be grounds for dismissal of a student without a refund.

**Applicant's Name:** \_\_\_\_\_ **Grade Applying For:** \_\_\_\_\_

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD:

1. The things my child does that please me most are: \_\_\_\_\_
2. The things my child does or does not do that worry me most are: \_\_\_\_\_
3. The activities my child and I do together are: \_\_\_\_\_
4. My child has allergies to: \_\_\_\_\_
5. My child has (or had) the following medical problems: \_\_\_\_\_
6. My child began to talk at \_\_\_\_\_ months and walk at \_\_\_\_\_ months.
7. My child has  some difficulty  no difficulty with verbal expressions.
8. My child was  full term  premature (by \_\_\_\_\_ weeks).
9. My child is  completely toilet trained  partially toilet trained  not toilet trained.
10. My child  sleeps through the night  frequently wakes up.
11. My child is  independent  dependent for his/her age.
12. Check any area that applies to your child. My child:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> has tantrums                   | <input type="checkbox"/> squints                           | <input type="checkbox"/> wears hearing aid                         |
| <input type="checkbox"/> is not able to accept limits   | <input type="checkbox"/> wants to sit close to TV          | <input type="checkbox"/> has difficulty following routines         |
| <input type="checkbox"/> resists rules                  | <input type="checkbox"/> acts much younger than age        | <input type="checkbox"/> is destructive with toys                  |
| <input type="checkbox"/> afraid to climb                | <input type="checkbox"/> is fearful a lot                  | <input type="checkbox"/> falls or bumps into things                |
| <input type="checkbox"/> has difficulty using crayons   | <input type="checkbox"/> has difficulty using scissors     | <input type="checkbox"/> does not like puzzles                     |
| <input type="checkbox"/> has difficulty catching a ball | <input type="checkbox"/> has difficulty throwing a ball    | <input type="checkbox"/> has difficulty dressing                   |
| <input type="checkbox"/> does not separate easily       | <input type="checkbox"/> does not play with other children | <input type="checkbox"/> requires assistance going to the bathroom |
| <input type="checkbox"/> has unclear speech             | <input type="checkbox"/> gives inappropriate answers       | <input type="checkbox"/> needs instructions repeated often         |
| <input type="checkbox"/> is easily distracted           | <input type="checkbox"/> has ear tubes                     | <input type="checkbox"/> has had numerous ear infections           |
| <input type="checkbox"/> wears glasses                  | <input type="checkbox"/> has a short attention span        | <input type="checkbox"/> takes medication on a regular basis       |



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has other vision difficulties, specify: \_\_\_\_\_

darts from one task to another, specify: \_\_\_\_\_

other handicap or medical condition: \_\_\_\_\_

13. How did you learn about Maternity BVM School? \_\_\_\_\_

14. Do you expect to use Extended Day?  Yes  No

15. Please include any additional information which you feel might be useful to us: \_\_\_\_\_

16. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_