

## PRE- K and KINDERGARTEN STUDENT INFORMATION FORM

Dear Parent/Guardian,

Please complete the top portion only and give this *Student Information Form* to your child's current teacher to fill out and return directly to Our Lady of Mount Carmel School. It may be helpful to give the teacher a stamped, addressed envelope in which to return this questionnaire.

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_ has my permission to complete this questionnaire.  
( Name of School)

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Dear Teacher,

The above named student has applied for admission to Our Lady of Mount Carmel School. We would appreciate it if you would share the following information with us. This questionnaire will not be part of his/her permanent record and will be confidential. Thank you for your cooperation. Please send this completed form to:

Tim Fletcher  
OLMC School  
14596 Oak Ridge Rd.  
Carmel, IN 46032

	Not at all	Just a little	Most of the time	All of the time
Exercises self-control				
Positive Attitude				
Responds positively to correction: Behavior				
Responds positively to correction: Academics				
Cooperative with adults				
Plays well with others				
Disturbs other children				
Aggressive				
Distractible				
Able to work in groups				
Able to work alone				

	Not at all	Just a little	Most of the time	All of the time
Attention Span (average 10 minutes)				
Remains on task				
Uses time well				
Follows directions				
Applies effort				
Exhibits good gross motor skills				
Exhibits good fine motor skills				
Cooperation of parents				

Please indicate words which best describe this student:

- leader   
 follower   
 immature   
 passive   
 persistent   
 well-liked  
 sociable   
 shy   
 good-humored   
 easily discouraged

Please comment on any of the above descriptions:

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Does this child have a good attendance record?                       Yes                       No                      If no, please comment

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Has the student ever been recommended for or identified as needing:

- a. Psychological testing                      \_\_\_ Yes                      \_\_\_ No  
b. Educational testing                      \_\_\_ Yes                      \_\_\_ No  
c. Special education                      \_\_\_ Yes                      \_\_\_ No  
d. Gifted Program                      \_\_\_ Yes                      \_\_\_ No  
e. Grade retention                      \_\_\_ Yes                      \_\_\_ No  
f. Has IEP on file                      \_\_\_ Yes                      \_\_\_ No  
g. Has 504 Plan on file                      \_\_\_ Yes                      \_\_\_ No

If the answer is yes to any of the above, did the parent cooperate fully?

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Has student ever exhibited any type of behavior that would be detrimental to the class as a whole?  
(If yes, please explain)

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Signature and title of person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

Contact person for further information, if necessary: \_\_\_\_\_