

Due February 15, 2019

Please mail or fax to contact information below.
Or scan to durbinr@olmcl.org.



OUR LADY of MOUNT CARMEL
CATHOLIC SCHOOL

TEACHER QUESTIONNAIRE PRE- K and KINDERGARTEN

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:

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

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?

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

Signature and title of person completing this form: _____

Date: _____

Contact person for further information, if necessary: _____