

Kindergarten Parent Questionnaire

Student Name: _____ Date of Birth: _____

Name which your child is called (if different from above): _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Home Phone Number: _____ Today's Date: _____

This questionnaire is designed to help us understand your child better and to give you ideas about areas that we feel are very important to the education of your child at Saint Andrew Catholic School. Please give each question careful thought and answer honestly.

1. Why do you want your child in a Catholic school? What do you expect Saint Andrew Catholic School to do for your child?

2. Where has your child previously attended school/day care?

Please describe the program.

3. Does your child currently have any serious medical conditions such as asthma, juvenile diabetes, allergies?

Other: (please specify)

4. Is your child currently or has your child ever been on any psychomotor medication (i.e. *Ritalin, Adderall*)? If yes, please explain.

5. Is your child currently seeing or has your child been to a counselor? If yes, please explain (*this will not automatically eliminate you from our program*).

6. Has your previous school ever recommended either psychological or educational testing? If yes, please explain.

7. My child lives with:

_____Mother and Father _____Father _____Mother

_____Stepmother or Stepfather _____Other – please explain:

_____Brothers – age(s):
(please list names and ages)

_____Sisters – age(s):
(please list names and ages)

8. Does your child have the following in his/her room?
How do you monitor their use?

_____Telephone _____Television/VCR/DVD

_____Computer _____Video games (ie, GameBoy, PlayStation, Xbox, Wii)

We strongly recommend that none of these live in the child's room.

Does your child ever go to *PG13* movies? _____ *R* movies? _____

Estimate the time your child spends watching television per week.

Is your child able to entertain him/herself for a reasonable amount of time, other than with TV or videos?

Please describe the kinds of play he/she enjoys.

9. Does your child have any special interests?

Is your child involved with outside activities? (Ex. dance, sports, piano, art)

How often?

10. In order to help us help your child please check if your child:

_____ is easily distracted	_____ darts from task to another
_____ has a short attention span	_____ persists when asked to stop
_____ has bathroom accidents	_____ speech problems
_____ fears (please explain)	

11. Please explain your family's attitude on solving conflicts:

12. What do you do to form/foster responsibility in your child?

13. Do you take your child with you to Mass or church services every week?
If yes, what kind of behavior do you expect?

14. What do you do at home to reinforce the morals and values of a Christian family?

15. How is your family involved in the parish or church you attend?

16. Do you feel achieving religious goals is as important as achieving academic goals we set for our students? Please explain.

17. Is there anything that you would like to tell us about your child?

Thank you.