Corpus Christi School

Msgr. Liam Kidney, Pastor
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PARENT/GUARDIAN QUESTIONNAIRE FOR *TK/KINDERGARTEN APPLICANTS ONLY*

CHILD'S NAME _____

Last First Middle Nickname

PARENT'S NAMES _____

Last Father's First Mother's First

Is your child presently under the care of a physician or professional therapist for any type of chronic physical / developmental issue? Yes □ No □ If yes, please explain:

_____

_____

Is he/she receiving any prescription medication on a regular basis? Yes □ No □ If so, what is it and why was it prescribed?

_____

_____

Please circle any of the following difficulties which may pertain to your child:

Severe Allergy Hearing Difficulty Learning Difficulty Vision Difficulty Speech Delay Other: _____

Please explain: _____

Has your child attended preschool? Yes □ No □

If so, where and when: _____

Describe the kinds of play activities he/she enjoys most: _____

_____

Please check the corresponding column when responding to the following questions:

In your opinion:	**ALWAYS**	**MOST TIMES**	**SOMETIMES**	**NEVER**
1. Does your child tolerate reasonable amounts of frustration appropriately?				
2. Does your child experience extreme separation anxiety when you leave him/her?				
3. Does your child express a desire to go to Kindergarten?				
4. Can your child usually control his/her anger?				
5. Can your child dress him/herself?				
6. Can your child tie his/her shoes?				
7. Can your child express him/herself verbally to others?				
8. Is your child generally able to cope with new situations?				
9. Is your child able to follow verbal directions?				
10. Is your child able to listen quietly to a story for at least ten minutes?				

	ALWAYS	MOST TIMES	SOMETIMES	NEVER
11. Does your child complete simple requested tasks?				
12. Does your child generally seem willing to share?				
13. Does your child generally interact well with other children of a similar age?				
14. Does your child wait for a reasonable amount of time without interrupting, while another person speaks?				
15. Does your child have "bathroom" accidents often?				
16. Is your child able to read by themselves?				
17. Does your child attend Mass regularly with you?				
18. Does your child pray with you at home?				
19. Does your child take daily naps?				

Additional comments and/or information about your child and/or family you feel we should be aware of:

NAME OF PERSON COMPLETING THIS FORM: _____

RELATIONSHIP TO CHILD: _____ **DATE:** _____