

# Teacher Questionnaire for Child Applying to St. Albert the Great Jr. Kindergarten

This section is to be completed by Parents:

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_

Preschool \_\_\_\_\_ Phone \_\_\_\_\_

Director \_\_\_\_\_ Present Class \_\_\_\_\_

I hereby give my permission for you to release the information on this form concerning my child to St. Albert the Great School. I, the parent, understand that I will not have access to this confidential information and that it will not become part of my child's permanent record.

Has your child received any services such as speech, First Steps, etc.? \_\_\_\_\_

Is your child on any daily medication? If yes, please list. \_\_\_\_\_

Has your child had a vision/hearing screening in the last year? \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **The remaining questions should be answered by the child's current Preschool Teacher.**

Preschool Teacher, please complete this form and scan/email it to [jrichardson@stalbert.org](mailto:jrichardson@stalbert.org) or send by mail to the address below **by Friday, February 1, 2019** to:

St. Albert the Great School  
Attn: Janelle Richardson  
1395 Girard Drive  
Louisville, KY 40222

We appreciate your frank response and consider your comments an important part of the candidate's application. If you have any questions or wish to communicate further with us, please do not hesitate to call 502-425-1804. Thank you!

How long have you known this child? \_\_\_\_\_

Class currently attending \_\_\_\_\_

Days per Week \_\_\_\_\_ Length of school day \_\_\_\_\_

What are the first words that come to mind when you think of this child \_\_\_\_\_

\_\_\_\_\_

What play activities and learning experiences does this child prefer? \_\_\_\_\_

\_\_\_\_\_

What play activities and learning opportunities does this child avoid? \_\_\_\_\_

\_\_\_\_\_

How does this child handle transitions and challenges? \_\_\_\_\_

\_\_\_\_\_

Do parents participate in conferences and find ways to support the school program? \_\_\_\_\_

\_\_\_\_\_

Describe the most important area of growth or accomplishment this child has made in your classroom? \_\_\_\_\_

\_\_\_\_\_

Please list three areas of strength that this child exhibits: \_\_\_\_\_

\_\_\_\_\_

Please list three areas of weakness or difficulty that this child exhibits: \_\_\_\_\_

\_\_\_\_\_

I recommend this student for [Junior Kindergarten](#) \_\_\_\_\_ with concerns (please explain on the back)  
\_\_\_\_\_ without concerns

I do not recommend this student for [Junior Kindergarten](#) for the 2019-2020 school year. \_\_\_\_\_  
Please explain. Additional room on the back.

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Yes, St. Albert the Great teachers may share this information with the child's parent.

\_\_\_\_\_ No, St. Albert the Great teachers may not share this information with the child's parent.

Please indicate a telephone number and/or email address plus hours you could be reached for consultation if needed. Thank you for your time.

\_\_\_\_\_