

Teacher Questionnaire for Child Applying to St. Albert the Great 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.

Please complete this form and scan/email it to 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 Kindergarten _____ with concerns (please explain on the back)
_____ without concerns

I do not recommend this student for Kindergarten for the 2020-2021 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.
