



THE PARISH SCHOOL

Please note, this form is to be completed by your child's teacher

EARLY CHILDHOOD QUESTIONNAIRE

To the Parent or Guardian: Please fill in your child's name in the space below and read and sign the following before giving this form to your child's teacher.

Applicant's Name: _____

I waive my right of access and that of my son/daughter to this evaluation form. I ask that the teacher complete this form and mail it directly to The Parish School. Forms that are returned by the parents cannot be accepted.

Parent/Guardian Signature: _____ Date: _____

To the Teacher: We appreciate your willingness to help us consider this child. Please return this form promptly so we can process the application. An applicant will not be considered until all documentation (including this form) has been completed and returned to the school directly.

Name of Child: _____ Date: _____

School: _____

Teacher/Care Giver: _____

Person completing form: _____ Title: _____

Best day/time/number to contact for additional questions:

Since pre-schools provide a variety of settings for young children, it will help us if we understand your school's program.

Please check the appropriate description(s) of your facility:

- ___ All-day program ___ Montessori ___ Private Kindergarten
___ Part-day program ___ Traditional ___ Exceptional Children's Center
___ Commercial Home Care ___ Private Preschool ___ Center Based
___ Commercial Day Care Center ___ Public Kindergarten ___ Other (please elaborate)

Age range in this class: _____

Student-teacher ratio in this class: _____ Total # of Students in Class: _____

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Learning Development:

- Works an interlocking puzzle
- Recognizes and names colors
- Can sort shapes on a form board
- Recognizes and names shapes
- Notices and describes tactile qualities in objects such as, smooth, rough, soft or hard
- Points out similarities between objects
- Can group objects according to one characteristic such as color, size or shape
- Understands the number concepts 1 through 5
- Recognizes letters in name

Above Average	Age Appropriate	Developing

Physical Development:

- Fine motor control and coordination
- Gross motor control and coordination (running, jumping, climbing etc.)
- Rides a tricycle with good control of pedals and direction
- Can hold and cut with scissors
- Controls pencil adequately for writing/drawing
- Draws a circle, square, triangle, or line from an observed model
- Can take apart and assemble toys that require fine finger coordination such as nuts and bolts or buttons, etc.

Above Average	Age Appropriate	Developing

Please check the words that best describe your student:

Confident	Serious	Oppositional	Detached
Courteous	Respectful	Determined	Cooperative
Flexible	Spirited	Easily Frustrated	Aggressive
Motivated	Impulsive	Cheerful	Engaged

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Does the child exhibit any of the following traits?

Perseveration ____ with what _____ how often: Never ____ Sometimes ____ Often ____

Average length of attention span _____

Does child exhibit stereotyped repetitive behaviors? _____ If yes please describe: _____

Does he/she have trouble keeping his/her hands to him/herself? _____

Is child responsive to redirection? _____

What redirection strategies are most successful (physical/verbal/visual redirection)?

Does he/she acclimate to new environments/people easily? _____ If no, what is approximate length of time it takes for child to acclimate? _____

Do you see him/her being successful with up to 10 peers and 2-3 adults? Please Describe:

**Ages 2-3 classes have an approximate 5:2 Ratio*

**Ages 4+ classes have 5:1 Ratio*

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What do you consider this child's notable strengths to be in the following areas: Language, Attention, Social, Behavior, Academics or Other). Please Describe.

What do you consider this child's notable weaknesses to be in the following areas: Language, Attention, Social, Behavior, Academics or Other). Please Describe.

What steps have been taken to address your areas of concern?

Is the parent supportive of school's policies? Yes or No

Is parent supportive of school's suggestions? Yes or No

Please use this space to provide any additional information you feel is pertinent:

We thank you for your time as we consider your student for our setting.

Your professional observations are invaluable to our team and are confidential and privileged.

Please return form to The Parish School via fax, email or mail.

Fax: 713.275.0246. Email: sswantner@parishschool.org Address: 11001 Hammerly Blvd. Houston, TX 77043.

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