

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



THE PARISH SCHOOL

### ELEMENTARY SCHOOL 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: \_\_\_\_\_

We appreciate your willingness to help us consider this child. Please return this form promptly so we can process this application.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Teacher/Care Giver: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

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

Since educational facilities 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:

- |   |   |
|---|---|
| <input type="checkbox"/> All-day program  | <input type="checkbox"/> Montessori               |
| <input type="checkbox"/> Part-day program | <input type="checkbox"/> Mainstream Classroom     |
| <input type="checkbox"/> Private School   | <input type="checkbox"/> Self-Contained Classroom |
| <input type="checkbox"/> Public School    | <input type="checkbox"/> Other (please elaborate) |

Does your student receive any Special Education Services (Speech-Language, Occupational Therapy, psychological, etc). If so, please describe type and frequency:  
\_\_\_\_\_

Grade: \_\_\_\_\_ Student-teacher ratio in this class: \_\_\_\_\_ Total # of students in class: \_\_\_\_\_

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**Classroom Skills**

	Never	Seldom	Sometimes	Often
Listens in a group				
Is cooperative				
Participates in group activities				
Requires 1:1 assistance to remain in group				
Demonstrates ability to focus on one task				
Follows classroom routines				
Is dependent, requires more structure than classmates				
Is easily directed from one activity to another (transitions)				
Is curious				
Responds to directions				
Can work independently during activity time				
Completes work begun				
Attends to personal needs without help or reminding				
Shows originality in activities				
Non-participant				
Prodding to complete work				
Is impulsive, disruptive				

**Language Social-Emotional Development**

	Never	Seldom	Sometimes	Often
Engages in spontaneous conversation				
Listens attentively to stories				
Plays well with peers				
Expresses ideas				
Demands must be met immediately				
Temper outbursts, explosive and unpredictable behavior				
Expresses his own thoughts				
Quarrelsome				
Mood changes quickly and drastically				
Initiates play activities				
Observes peers during play				
Imitates peers during play				
Shows physically aggressive behaviors				
Shows appropriate control of emotions				

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**Language Social-Emotional Development (Continued):**

Never                      Seldom                      Sometimes                      Often

Is cheerful at school				
Rejected by children				
Plays well with peers				
Feels good about himself				
Seems worried				

**Learning Development:**

Poor                      Average                      Above Average                      Superior

Oral Reading				
Silent Reading				
Level of Comprehension				
Arithmetic				
English/Grammar				
Written Composition				
Verbal Expression				
Spelling				
Attendance				

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 student 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)?

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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 adults? Please Describe:

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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](mailto:sswantner@parishschool.org) Address: 11001 Hammerly Blvd. Houston, TX 77043.

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