



## PRE- K and KINDERGARTEN TEACHER QUESTIONNAIRE

Dear Parent/Guardian,

Please complete the top portion only and give this *Student Information Form* to your child's current teacher to fill out and return directly to Our Lady of Mount Carmel School. It may be helpful to give the teacher a stamped, addressed envelope in which to return this questionnaire.

Applicant's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Applicant's Age: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_

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

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Student application is not complete until the completed form is received via:**

Email: [olmcschool@olmc1.org](mailto:olmcschool@olmc1.org)

Fax: 317-582-2375

Mail: OLMC School Attn: Tim Fletcher

14596 Oak Ridge Rd

Carmel, IN 46032

\_\_\_\_\_ has my permission to complete this questionnaire.

(Name of School)

Dear Teacher,

The above-named student has applied for admission to Our Lady of Mount Carmel School. We would appreciate it if you would share the following information with us. This questionnaire will not be part of his/her permanent record and will be confidential. Thank you for your cooperation. Please send this completed form to:

Tim Fletcher  
OLMC School  
14596 Oak Ridge Rd.  
Carmel, IN 46032

	Not at all	Just a little	Most of the time	All of the time
Exercises self-control				
Positive Attitude				
Responds positively to correction: Behavior				
Responds positively to correction: Academics				
Cooperative with adults				
Plays well with others				
Disturbs other children				
Aggressive				
Distractible				
Able to work in groups				
Able to work alone				
	Not at all	Just a little	Most of the time	All of the time
Attention Span (average 10 minutes)				
Remains on task				

Uses time well				
Follows directions				
Applies effort				
Exhibits good gross motor skills				
Exhibits good fine motor skills				
Cooperation of parents				

Please indicate words which best describe this student:

- ☐ leader
 ☐ follower
 ☐ immature
 ☐ passive
 ☐ persistent
 ☐ well-liked  
☐ sociable
 ☐ shy
 ☐ good-humored
 ☐ easily discouraged

Please comment on any of the above descriptions:

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Does this child have a good attendance record? ☐ Yes ☐ No If no, please comment

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Has the student ever been recommended for or identified as needing:

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| a. Psychological testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Educational testing   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Special education     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Gifted Program        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Grade retention       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Has IEP on file       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Has 504 Plan on file  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is yes to any of the above, did the parent cooperate fully?

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Has student ever exhibited any type of behavior that would be detrimental to the class as a whole?  
(If yes, please explain)

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Print Name: \_\_\_\_\_ Email or phone number: \_\_\_\_\_

Signature and title: \_\_\_\_\_ Date: \_\_\_\_\_