



Pre-Kindergarten Teacher Questionnaire

Date _____

Child's Name _____ Date of Birth _____ Child's Age _____

Current Preschool Name _____ Teacher _____

Address of Current Preschool _____

_____ has my permission to complete this questionnaire.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Teacher: The above named student is being considered for placement in Pre-Kindergarten next fall at Christ the King School. We would appreciate your sharing the following information with us. This questionnaire will not be a part of his/her permanent record.

(Please check one for the following for each.)

	Not at all	Just a little	Most of the time	All of the time
Exercises self control				
Positive attitude				
Responds positively to correction of behavior				
Cooperative with adults				
Plays well with others				
Disturbs other students				
Aggressive				
Distractible				
Has ability to work in groups				
Has ability to work alone				
Attention span of 10 minutes				
Remains on task				
Uses time well				
Follows directions				
Applies effort				
Exhibits good gross motor skills				
Exhibits good fine motor skills				
Adapts well to change or new situations				
Cooperation of parents				

Please circle the words which best describe this student:

Leader *Follower* *Immature* *Passive* *Persistent*
Sociable *Shy* *Good-humored* *Easily discouraged* *Well-liked*

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Please comment on any of the descriptions mentioned in the last question or add your own ideas:

Please describe this student's development in the following areas:

	Truly Outstanding	Excellent	Above Average	Average	Below Average
Speech/language					
Eyesight/Hearing					
Social/Emotional					
Sleep habits - naptime					

Does this student have a good attendance record? *Yes* *No*

If no, please comment:

Do you feel this student is ready for an all-day Pre-Kindergarten program based on maturity and readiness? *Yes* *No*

Please comment:

Please check one of the following:

_____ *I highly recommend* _____ *I recommend with reservation*
_____ *I recommend* _____ *I do not recommend*

If you wish to respond to a "recommend with reservation" or "do not recommend," please explain:

Name (*please print*) _____ Signature _____

Contact #/Email _____

We truly appreciate the time you have invested in this child's questionnaire. Your comments are valued.

Please return this completed form in a sealed envelope to:

Director of Admissions
Christ the King School
3105 Belmont Boulevard
Nashville, TN 37212
or email to Jeanette Neuhoff Vogt, Advancement Director, jeanette.vogt@cks-nashville.org

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