



## SAINT HENRY SCHOOL

6401 Harding Road \* Nashville, Tennessee 37205-4011 \* 615-352-1328

### STUDENT INFORMATION - KINDERGARTEN 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 Saint Henry School. It may be helpful to give the teacher a stamped, addressed envelope in which to return this questionnaire.

Date \_\_\_\_\_

TEACHER \_\_\_\_\_

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

\_\_\_\_\_ has my permission to complete this questionnaire.  
(Name of school)

CHILD'S NAME \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Dear Teacher,

The above named student is being considered for kindergarten at Saint Henry School. We would appreciate it if you would share the following information with us.

	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				

	Not at all	Just a little	Most of the time	All of the time
Ability to work in groups				
Ability to work alone				
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:

- |                                       |   |                                   |                                  |
|---------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> leader       | <input type="checkbox"/> follower           | <input type="checkbox"/> immature | <input type="checkbox"/> passive |
| <input type="checkbox"/> persistent   | <input type="checkbox"/> well-liked         | <input type="checkbox"/> sociable | <input type="checkbox"/> shy     |
| <input type="checkbox"/> good-humored | <input type="checkbox"/> 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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Do you feel this child is ready for an all day kindergarten program based on maturity and readiness skills?  Yes  No

If no, have you discussed this with the parent/guardian?  Yes  No

Comments:

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Signature and title of person completing this form \_\_\_\_\_

Date \_\_\_\_\_

Contact person for further information, if necessary \_\_\_\_\_

Thank you for your cooperation. Please send this completed form to: Administrative Assistant  
Saint Henry School  
6401 Harding Road  
Nashville, TN 37205-4011

Revised 12/14/2007