

**WEDDINGTON CHRISTIAN ACADEMY
PARENT QUESTIONNAIRE FOR K4, TK and K5 PROSPECTIVE STUDENTS**

Child's Name: _____
 First Middle Last Goes By
Today's Date: _____ Child's Birth date: _____
Parent's Name: _____

Parents, please take a few minutes to tell us about your child.

Has your child experienced any fine motor delays? Yes No
If yes, explain below.

Has your child experienced any large motor delays? Yes No
If yes, explain below.

Has your child had any occupational therapy? Yes No If yes, describe below.

Has your child had frequent ear infections? Yes No
If yes, explain below.

Does your child have any medical problems and/or allergies?

Has your child been diagnosed with or suspected to have a physical and/or learning disability? Yes No If yes, explain below. (may include but is not limited to educational and/or psychological evaluations, speech and language evaluations and/or therapy, medical concerns) Use the back of this form if necessary.

Can your child recite and/or recognize the alphabet from A – Z? Yes No

Can your child recognize letter sounds?

What shapes does your child recognize?

Can your child count from 1 – 50? Yes No

Does your child recognize the primary colors?

Can your child recite any nursery rhymes, songs or poems?

Which hand does your child use for writing or coloring? Left Right

At a 10-15 minute story session, describe your child's activity level:

Given a task, my child will:

Can your child follow simple directions?

Describe your child's memory.

When given a new task, my child:

My child shows his/her independence in dressing by:

List three self-help activities your child can do all by him/herself.

Describe your child's ability to cooperate.

My child expresses anger by:

Please give an example of your child's ability to tell the difference between right and wrong.

Concerning obedience in our home, we expect:

How well does your child obey?

Describe any impulsive behaviors your child may have.

Leaving parents is _____ for your child. Explain reactions.

Describe any fears your child has.

Describe how your child plays with friends.

Describe your child's strengths.

Describe any areas where you would like to see your child improve.

Child's interests and hobbies:

Questionnaire completed by: (Please circle) Mother Father Guardian

Please add any additional comments: