



“Train up a child in the way he should go, and when he is old he will not depart from it.” Proverbs 22:6

Teacher/Caregiver Questionnaire for Junior Kindergarten and Kindergarten Students

Child's Name: _____

Today's Date: _____

Days per week and hours student attends: _____

Teacher/Caregiver Name: _____

School Name: _____

School Address/City/State/Zip: _____

Date Completed: _____

Teacher/Caregiver Signature: _____

Please read each statement and circle the letter that best describes your opinion about the student's typical behavior. We welcome your additional comments and supporting documentation regarding academic, social, emotional and developmental level of this student. Please use the back of this form as needed. If your students receive a progress report, we would appreciate that information as well.

Has enough energy to accomplish activities	Yes	No	Sometimes
High energy level	Yes	No	Sometimes
Is able to pay attention and focus	Yes	No	Sometimes
Can be quiet when appropriate	Yes	No	Sometimes
Easily distracted by background noises	Yes	No	Sometimes
Upset by loud noises	Yes	No	Sometimes
Can remain seated 15-20 minutes for an academic activity	Yes	No	Sometimes
Follows directions	Yes	No	Sometimes
Impulsive	Yes	No	Sometimes
Easily frustrated	Yes	No	Sometimes
Follows classroom routine and rules	Yes	No	Sometimes
Participates successfully in group activities	Yes	No	Sometimes
Plays well with others	Yes	No	Sometimes

Is able to handle classroom transitions	Yes	No	Sometimes
Has friendly interactions with others	Yes	No	Sometimes
Cooperates easily	Yes	No	Sometimes
Shares well	Yes	No	Sometimes
Plays alone appropriately	Yes	No	Sometimes
Play skills appropriate for age	Yes	No	Sometimes
Demonstrates age-appropriate bathroom skills	Yes	No	Sometimes
Can dress independently	Yes	No	Sometimes
Exhibits age-appropriate table manners	Yes	No	Sometimes
Has extreme mood swings	Yes	No	Sometimes
Argues with children and adults	Yes	No	Sometimes
Is immature for age	Yes	No	Sometimes
Requires excessive attention	Yes	No	Sometimes
Age-appropriate motor skills	Yes	No	Sometimes
Normal visual skills	Yes	No	Sometimes
Normal hearing	Yes	No	Sometimes
Handles age-appropriate problems well	Yes	No	Sometimes
Attempts to hurt or destroy	Yes	No	Sometimes
Has adequate vocabulary for age	Yes	No	Sometimes
Has age-appropriate expressive language	Yes	No	Sometimes
Has age-appropriate receptive language	Yes	No	Sometimes
Can identify 8 primary colors	Yes	No	Sometimes
Can identify some shapes	Yes	No	Sometimes
Visual recognition of some letters of the alphabet	Yes	No	Sometimes
Knows some letter sounds	Yes	No	Sometimes
Visual recognition of some numbers	Yes	No	Sometimes

Can count to ten	Yes	No	Sometimes
Can count to twenty or higher	Yes	No	Sometimes
Can use scissors	Yes	No	Sometimes
Has correct pencil grip	Yes	No	Sometimes
Able to use age-appropriate materials	Yes	No	Sometimes

Does this child have any allergies? _____

Special dietary needs? _____

Special classroom needs? _____

Are there any diagnosed or suspected medical conditions or learning differences? If so, please describe. _____

Use one or two adjectives that best describe this child: _____

Strengths and weaknesses of this child: _____

Additional Comments:

Please mail or fax this form directly to:
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