



January 2017

Dear Pre-School Teacher,

You will find attached a very important questionnaire that we kindly request you complete and return to St. Margaret Mary School by **Friday, February 10**. You may mail it back to St. Margaret Mary at 7813 Shelbyville Road Louisville, KY 40222 or scan and email to school@stmm.org.

We understand that you have valuable classroom knowledge of your students, and we would be so appreciative of your taking the time to thoroughly complete the questionnaire. Please know that this questionnaire will not be shared with the parents of your student. The information you provide is invaluable as we work to meet the needs of each student and make placement assignments within our Kindergarten classrooms.

To help you understand our complete process, we will also request the parents complete a questionnaire and each student will be assessed one-on-one by our school staff. The questionnaire that you complete is a key component of our process. We are dependent on your input for a complete evaluation of the student in a classroom setting.

Thank you in advance for taking the time and effort to provide us your input. We look forward to receiving it by Friday, February 10.

If you have any questions, please feel free to contact us at (502) 426-2635.

Thank you!

St. Margaret Mary School



ST. MARGARET MARY
SCHOOL COMMUNITY

7813 Shelbyville Road, Louisville, KY 40222
(502)426-2635 Ext. 0
school@stmm.org

**PRE-SCHOOL TEACHER QUESTIONNAIRE
DUE DATE: FEBRUARY 10, 2017**

Child's Name _____ Email Address _____

Pre-school the child attends: _____ Phone Number _____

Teacher's Signature

Date

1. This child uses:

- | | |
|--------------------|----------------------------|
| _____ Crayons | _____ Pencil |
| _____ Glue | _____ Blocks |
| _____ Scissors | _____ Computer |
| _____ Finger paint | _____ Handheld video games |

2. The things this child does that please me the most are _____

3. The things this child does (or does not do) that concern me the most are

4. This child prefers the following activities _____

5. The activities this child and I do together are _____

6. When this child does not follow directions I _____

7. When this child is given a pencil, pen, or crayon, he/she will _____

Please check () the responses that you think best describe this student:

Social & Emotional Behavior	Rarely	Sometimes	Nearly Often	Often
works & plays cooperatively				
works independently				
accepts responsibility				
exhibits self-control				
is able to relate to adults				
Relates well to peers				
Work Habits & Attitudes	Rarely	Sometimes	Nearly Often	Often
shows initiative				
listens attentively				
follows directions				
completes assigned tasks				
shows an active interest in act.				
Academic Traits	Poor	Fair	Good	Outstanding
academic interest				
motivation				
originality				
promptness				
organization				
use of academic potential				
study habits				
Personal Traits	Poor	Fair	Good	Outstanding
self-confidence				
concern for others				
standards of personal integrity				
peer relations				
adult relations				
general level of maturity				

Can this Child:	Yes	NO
Write their name		
Count to 10		
Write numbers to 10		
Recognize:		
all letters of the alphabet		
some letters of the alphabet		
few letters of the alphabet		
Write the alphabet		
Copy from the board (near/far point)		
Recognize basic colors		
Recognize basic shapes		

Describe any special/unusual characteristics or strengths/weaknesses which may be relevant to the student's performance in school

Has this child ever been assessed or recommended for assessment?

If so, in what areas?

What were the results?

Is a written report available? If so, please provide.

Are there any suspected areas of need that should be monitored? If so, please list.

Would it be beneficial to further discuss, in more detail, the upcoming placement of this child?
