

**St. Michael School Information Form
Pre-School Teacher or Child Care Provider Questionnaire**

Child's Name _____

Name of PreSchool or Childcare Center child attends _____

How long has this child been enrolled in your PreSchool or Center? _____

Is this child completely toilet trained? _____

Is this child cooperative and responsive to teachers' requests? _____

Is this child aggressive toward teachers or classmates? _____

Can he/she identify the eight basic colors? _____

Can he/she identify shapes: circles, squares, and triangles? _____

Can he/she spell their first name? _____

Can he/she count to 15? _____

Can he/she child recite the alphabet song? _____

Can he/she use a scissors to cut on a straight line? _____

Can he/she sit quietly and listen to a story? _____

Describe any special or unusual characteristics, strengths, or weaknesses, which may be relevant to this child's performance in school _____

If this child has been evaluated for any speech, developmental, behavioral, or other needs please explain the diagnosis and/or recommendations _____

Name of person completing this form _____

Signature of person completing this form _____

Title or Position _____ Date _____

Phone number where we can contact you if we have any questions regarding this child? _____

Thank you for completing this questionnaire. Your input will assist us in assessing this child's readiness to enter Pre-Kindergarten.

**Please return this completed form to:
St. Michael Preschool
3703 Stone Lakes Drive
Louisville, KY 40299**

G:enrollment:Preschool Questionnaire
3-11-11

Parents: If your child is presently **NOT** attending any preschool or day care, please indicate below and return this *blank* form as well. Thank you.

Child's name _____

____ **Not attending outside program.**

January 26,2014

Re: _____

The above referenced child has registered as a preschool student at St. Michael Catholic School for the fall of 2014-2015. Their application indicates that they are a student at your Pre-school/Daycare.

We have attached a School Information Form that we would appreciate your completing to assist us in the evaluation of this child's readiness. We ask that you return this by February 15th to St. Michael School in the attached envelope.

Thank you.