



SAINT JOHN VIANNEY SCHOOL

501 N. Water Avenue * Gallatin, TN 37066 * 615-230-7048

PRE-KINDERGARTEN QUESTIONNAIRE

Dear Parent/Guardian,

Please complete the top portion **ONLY** and give this Pre-kindergarten Questionnaire to your child's **PRESENT** pre-school or pre-kindergarten teacher to fill out and return directly to Saint John Vianney School. It may be helpful to give the teacher a stamped, addressed envelope in which to return this questionnaire.

Date _____

Child's Name _____

Child's Age _____ Child's Date of Birth _____

Name of Preschool _____

Address of Preschool _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

_____ has my permission to complete this questionnaire.
(Name of Preschool)

Dear Teacher,

The above named student is being considered for placement in Pre-Kindergarten next fall at Saint John Vianney School. We would appreciate it if you would share the following information with us. This questionnaire will not be part of his/her permanent record.

Please check one of the following for each:

Not at all Just a little Most of the time All of the time

	Not at all	Just a little	Most of the time	All of the time
Exercises self-control				
Positive attitude				
Responds positively to correction : Behavior				
Cooperative with adults				
Plays well with others				
Disturbs other students				
Aggressive				
Distractible				
Ability to work in Groups				
Ability to work Alone				
Attention Span Average 10 Min				
Remains on Task				
Uses time well				
Follows directions				
Applies Effort				
Exhibits Good gross motor skills				
Exhibits Good fine motor skills				
Cooperation of Parents				

Please circle words which best describe this student:

Leader
Sociable

Follower
Shy

Immature
Good Humored

Passive
Easily Discouraged

Persistent
Well-liked

Please comment on any of the above descriptions:

Does this student have a good attendance record?

Yes

No

If no, please comment

Do you feel this child is ready for an all day Pre-Kindergarten program, based on maturity and readiness? Yes No

Please comment:

Signature: _____

Title: _____

Date: _____

Thank you for your cooperation. Please return this completed form to:

Saint John Vianney School
501 N. Water Ave.
Gallatin, TN 37066
Attn: Admissions