



SAINT JOHN VIANNEY SCHOOL
 501 N. Water Avenue * Gallatin, TN 37066 * 615-230-7048

STUDENT INFORMATION – KINDERGARTEN QUESTIONNAIRE

Dear Parent/Guardian,

Please complete the top portion **ONLY** and give this *Student Information Form* to your child’s current 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 _____

Teacher Name _____

Name of School _____

Address _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

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

Child’s Name _____

Child’s Age _____

Child’s Date of Birth _____

Dear Teacher,

The above named student is being considered for placement in Kindergarten at Saint John Vianney School. We would appreciate it if you would share the following information with us.

	Not at all	Just a little	Most of the time	All of the time
Exercises self control				
Positive attitude				
Responds positively to correction : Behavior				
Responds positively to correction : Academics				
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 **Follower** **Immature** **Passive** **Persistent** **Well-liked**
Sociable **Shy** **Good Humored** **Easily Discouraged**

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 kindergarten program, based on maturity and readiness skills? Yes No

If no have you discussed this with the parent/guardian? Yes No

Comments: _____

Signature and title of person completing this form _____

Date: _____

Contact person for further information, if necessary _____

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

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