



Mount St. Michael Catholic School ~ 1st-8th Grade Parent Questionnaire

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Child's Name _____

Date of Birth _____

Child's Primary Language _____

Languages spoken at home: _____

The academic progress of your child is very important to us. It is an integral part of our philosophy that each child be properly placed within our academic program to insure the building of a child's self esteem and school success. The information which you hold as a parent is valuable to us. Please share this information with us by completing the questionnaire below. The responses will remain confidential and will be viewed only by school officials and educators. Failure to disclose information may result in dismissal from the school.

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD.

YES NO 1. Has your child ever been in a speech therapy program? If yes, indicate grade(s) your child was in the program.

YES NO 2. Has your child ever been in an ESL or bilingual program? If yes, indicate grade(s) your child was in the program.

YES NO 3. Has your child ever been in a gifted and talented and/or honors program? If yes, indicate grade(s) your child was in the program.

YES NO 4. Has your child ever skipped a grade? If yes, indicate the grade level skipped.

YES NO 5. Has your child ever been retained? If yes, indicate in which grade(s) child was retained.

YES NO 6. Has your child ever been in a remedial and/or tutoring program? If yes, indicate grade(s) and academic areas in which your child was in the program.

YES NO 7. Has your child ever been tested for a learning disability or difference? This includes all educational, psychological, or medical testing including ADHD. If yes, indicate grade(s) your child was tested and the results of the testing.

YES NO 8. Has your child ever been in a special education program? If yes, indicate grade(s) and academic areas in which your child was in the program.

YES NO 9. Does your child presently have an Individualized Educational Plan (IEP)? If yes, indicate the date of the last ARD meeting.

10. How many schools has your child previously attended? _____

Please list all schools previously attended: _____

11. Check any areas that apply to your child.

- | | |
|-------------------------------------|--|
| _____ Acts much younger than age | _____ Argumentative with adults/authority |
| _____ Acts much older than age | _____ Overactive and impulsive |
| _____ Self motivate/independent | _____ Completes tasks with little assistance |
| _____ Wears glasses or contacts | _____ Accepts consequences for behavior |
| _____ Follows directions accurately | _____ Aggressive |
| _____ Uses time efficiently | _____ Follows group norms and social rules |
| _____ Accepts limits and rules | _____ Acts responsibly |

_____ Difficulty completing homework assignments in reasonable time limit

Athletic - Special areas:

Artistic – Special areas:

Musical – Special areas:

Other visual difficulties – Specify:

Hearing difficulties – Specify:

Physical impairments – Specify:

Parent's Signature _____

Date _____