Student Questionnaire
PreK-5

To be filled out by parents

Name: _____ Grade Entering: _____

Date of Birth: _____/_____/_____ Age: _____ Gender: _____

1. Does your child have any health problem? If yes, explain in detail.

_____

_____

_____

2. Does he/she have normal or corrected vision? _____

3. Does he/she have normal hearing? _____

	Often	Sometimes	Never
4. Does your child show self-control?	_____	_____	_____
5. Is your child moody?	_____	_____	_____
6. Does your child obey when spoken to?	_____	_____	_____
7. Is your child overly aggressive?	_____	_____	_____
8. Does your child show interest in spiritual matters?	_____	_____	_____
9. Has your child had problems in school?	_____	_____	_____

If yes, please explain. _____

_____

_____

10. Does your child prefer to play alone or with children who are younger, older, or the same age?

_____

11. What type of spiritual training are you providing for your child?

_____

_____

_____