St. Dominic School Kindergarten Parent Survey

Parent/Guardian Name:				
Cl	Child's Name:	Birthdate:		
Н	Home Address:			
Please list siblings and their ages:				
1.	 Does your child have any present medical difficulties? (e medication, frequent ear infections, allergies, etc.) 	e.g., vision, hearing, speech, currently on		
2.	2. Has your child attended preschool? If so, where and how	v many days per week?		
3.	 If your child attended preschool, please summarize any c about your child's adjustment. 	comments or reports you may have received		
4.	4. How would you describe your child's ability to work inde	ependently and follow directions?		

5.	. Describe your child's interactions with others (peers and adults)? Examples—a loner, a joiner, seeks adult attention, or a leader; separates easily from parent, separation anxiety, etc.	
6.	Please describe some of your child's favorite activities.	
7.	Please include any additional information that you think would be important for the teacher to know about your child or family.	
8.	8. Public school district where you reside:	
	Cincinnati Public School DistrictOak Hills School District	
9. If you were to send your child to their assigned public school, which elementary school would be she attend?		
	School Not known	
10	. Is your child is currently on an IEP? No Yes Please attach a copy.	

If your child is new to St. Dominic School, please bring this survey with you to your child's mandatory assessment appointment. If your child is currently in St. Dominic Preschool, please return this survey to your preschool teacher.