



# MARINERS CHRISTIAN SCHOOL

## TEACHER QUESTIONNAIRE FORM KINDERGARTEN & 1ST GRADE APPLICANTS

Dear Teacher,

Thank you for taking the time to fill out this questionnaire for the child named below who is currently enrolled in your preschool or kindergarten class. Please return this completed form by fax or email.

I/we authorize the school named below to give progress information regarding my child who is named below:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Grade Applying for:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Preschool Director:** \_\_\_\_\_

***Please use the following numbers to mark in the line below:***

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|--|--|
| <b>1</b> = Advanced for age                      | <b>3</b> = Needs further encouragement |
| <b>2</b> = Age appropriate/Observed consistently | <b>4</b> = Concerns                    |

**For Kindergarten Applicants Only:**

1. \_\_\_ Listens attentively
2. \_\_\_ Can follow simple directions
3. \_\_\_ Works independently
4. \_\_\_ Sometimes needs redirection to stay on task.
5. \_\_\_ Age appropriate self control
6. \_\_\_ Is cooperative and happy
7. \_\_\_ Is confident and eager
8. \_\_\_ Interacts appropriately with other children
9. \_\_\_ Is making age appropriate progress in fine motor skills (pencil grip, coloring, scissors)
- 10 \_\_\_ Can recognize most letters of the alphabet
11. \_\_\_ Can count to 20

**For 1st Grade Applicants Only:**

1. \_\_\_ Listens attentively
2. \_\_\_ Can follow directions
3. \_\_\_ Works independently
4. \_\_\_ Needs encouragement to initiate or stay on task
5. \_\_\_ Is easily distracted
6. \_\_\_ Is friendly and cooperative
7. \_\_\_ Interacts appropriately with other children
8. \_\_\_ Is making age appropriate progress in fine motor skills (pencil grip, coloring, scissors)
9. \_\_\_ Can recognize CVC words
- 10 \_\_\_ Is able to distinguish sounds in words
11. \_\_\_ Is reading pre-primer books
12. \_\_\_ Can work with numbers to 10 with understanding

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Has student been referred to a student study team? Yes No If yes, explain

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Has student been tested for special education in any area? Yes No If yes, explain

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Does student have a current IEP? Yes No If yes, explain

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We value your comments regarding this student:

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Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_