



ROUND ROCK CHRISTIAN ACADEMY
Parent Questionnaire (Early Childhood / Kindergarten)

***Parents: Knowing your child's academic, physical, and social history will help us better serve them.
Please complete this information and return to the Student Registrar.***

Applicant's Name _____ Applying to Grade _____

Please indicate your choice below, and feel free to add any additional comments.

	Excellent	Average	Weak	Poor	Comments
Separates from parents easily					
Recognizes and respects authority of others					
Exercises self-control					
Plays well with others					
Manages bathroom needs (buttons, zippers, etc)					
Pays attention and follows adult directions					
Speaks in complete sentences					
Identifies letters of the alphabet					

Please check all that your child has used correctly: scissors colored pencils crayons markers

How does your child respond to correction from authority other than you?

Does your child have any professionally identified learning difficulties? If yes, please describe and be prepared to discuss these during the interview.

Does your child have any other professionally identified difficulties? If yes, please describe and be prepared to discuss these during the interview.

Please list 5 words that describe your child's personality and character:

What is your child's favorite active activity?

What is your child's favorite passive activity?

How does your child respond to new situations?

Please include any pertinent information that would help RRCA better serve your child.

Signature of Parent/Guardian: _____ Date: _____