

PROSPECTIVE STUDENT QUESTIONNAIRE



Dear Parent/Guardian,

This Questionnaire is designed to provide OCS (Okanagan Christian School) with information that will assist us in determining to the best of our knowledge if our school is the right fit for your child and your family. The information you share is important to the success of your child in our school. It will be used to determine what, if any, supports may be required to assist teachers and staff members in the education and social growth of your child. Please complete all sections to the best of your knowledge.

Thank you!

Parent Name: _____

Daytime Phone: _____

Email: _____

Student Name: _____

Grade Entering: _____

Please tell us why you are interested in our school: _____

Please tell us your vision for your child while at our school: _____

Please tell us any challenges you may face by enrolling at OCS (finances, transportation, etc.): _____

STUDENT'S EDUCATIONAL HISTORY

(Grades 1-12 SEE Section A; Kindergarten SEE Section B)

SECTION A (Grades 1-12)

Please list your child's previous school(s) and attach the most recent report card to this questionnaire along with a transcript of all grade 10-12 courses completed (if applicable): (Homeschoolers must attach evidence of learning if report cards were not issued)

School Name: _____

Grade(s) Completed: _____

School Name: _____

Grade(s) Completed: _____

Please describe any incidents or factors that contributed to your decision to withdraw your child from his/her current school: _____

Is or was your child on an IEP or LP in their current or previous school? Yes No

If so, please attach a copy of the IEP to this form.

Does your child have any learning, social, psychological, or physical challenges? Yes No

If yes, please list and explain: _____

Has your child exhibited behavioral challenges at school, such as but not limited to, aggressive behavior towards students or teachers, defiance of authority, verbal abuse or destruction of property? Yes No

If yes, please give details: _____

Has your child received extra supports for learning, physical, or behavioral challenges at school? Yes No Outside of school? Yes No

If yes, please list type and frequency: _____

Please describe any significant changes in your child's life that may affect his/her overall well-being at school: _____

Please list any factors that may contribute to your child's inability to attend classes regularly and/or on time: _____

Please tell us about your child's attitude towards school and his/her work ethic: _____

Please tell us about your child's personality and interests: _____

I, _____ have completed this questionnaire to the best of my knowledge and have disclosed all information in regards to my child's learning, behavioral and psychological challenges and supports. I understand that omission of information considered to be relevant to my child's educational success can nullify my application to OCS before or after acceptance into the school program.

Signature: _____

Date: _____

SECTION B (Kindergarten)

Does your child have any learning, social, psychological, or physical challenges? Yes No

If yes, please list and explain: _____

Has your child exhibited behavioral challenges at home or elsewhere, such as but not limited to, aggressive behavior towards peers or adults, defiance of authority, verbal abuse or destruction of property? Yes No

If yes, please give details: _____

Does your child require extra supports for learning, physical, or behavioral challenges at school? Yes No Outside of school? Yes No

If yes, please list type and frequency: _____

Please describe any significant changes in your child's life that may affect his/her overall well-being at school: _____

Please list any factors that may contribute to your child's inability to attend classes regularly and/or on time: _____

Please tell us about your child's attitude towards Kindergarten: _____

Please tell us about your child's personality and interests: _____

I, _____ have completed this questionnaire to the best of my knowledge and have disclosed all information in regards to my child's learning, behavioral and psychological challenges and supports. I understand that omission of information considered to be relevant to my child's educational success can nullify my application to OCS before or after acceptance into the school program.

Signature: _____

Date: _____

Student Name: _____



Kindergarten Readiness Questionnaire

Questionnaire to be completed by the parent

Select the letter which most accurately describes your child's performance when asked to do these tasks. A=Always, B=Often, C=Rarely, D=Never

Social Skills

- A B C D 1. Initiates own leisure-time activities
- A B C D 2. Can follow 2 consecutive directions (pick up your books and then get a drink of water)
- A B C D 3. Does tasks the first time asked
- A B C D 4. Finishes one activity before starting another
- A B C D 5. Can work independently

Motor Skills

- A B C D 1. Can help dress self: coat, socks, shoes
- A B C D 2. Uses a fork and spoon correctly
- A B C D 3. Can catch a medium-sized ball
- A B C D 4. Uses the bathroom independently (wipe, flush, wash, button/belt)

Reading Interest Level - Circle the category which best describes your child's interest level.

- A. Desires to be read to frequently for 15 minutes or more
- B. Desires to be read to frequently for short periods of time
- C. Shows a considerable amount of interest in books, but has a short attention span
- D. Is interested in books for a few minutes at a time, but not of his/her own initiative
- E. Shows little interest in books and/or reading

Additional comments: _____
