



ST. CATHERINE'S ACADEMY

PARENT QUESTIONNAIRE

Student Last Name:	Student First Name:	Current Grade	Grade Applying for:
Name of parent filling out this questionnaire:		Signature:	Today's Date:

How did you hear about St. Catherine's Academy?		St. Catherine's Academy Website	Alumni
Known about us/Word of Mouth		Current Cadet (please give his name):	
Internet Search (please choose search engine):	GOOGLE	BING	What search term did you use to find us?
	YAHOO	Other	

Please state the reasons why you wish your son to attend St. Catherine's Academy:	
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Does your son wish to attend St. Catherine's Academy? (please explain)	
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What are your son's personal strengths?	
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What are your son's personal challenges?	
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What are your son's academic strengths:?	
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What are your son's academic challenges?	
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Please list the previous schools attended and reason for transfer:	
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Has your son ever repeated a grade? Which grade and reason?	
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Please fill out the back side of this form.

Has your son ever been suspended or expelled from school? (please explain)	
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Does your son have any behavioral problems? (please explain)	
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Do you have any specific concerns with your son? (please explain)	
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Does your son seem well liked by his peers? (please explain)	
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Is your son self-directed with his homework? (please explain)		Do you help him with his homework?		Do you track his performance with his teachers?	
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Has your son ever been to counseling? (please explain)	
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Is your son taking any medication?	Yes NO	Name of medication(s) and dosage:	
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Reason for taking the medication:	
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What are your son's duties at home?		What type of reward system do you use?	
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Does your son participate in any league sports or extra-curricular activities?	
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To better serve you and your son, please check the appropriate boxes if your child is currently or has participated in any of the following programs. Please include a copy of the results.

Special Education: <i>Your son must have a current Individualized Education Plan (IEP)</i>							
	RSP		Speech		Special Day Class (SDC)		Adaptive PE
Occupational Therapy (OT)				Other:			
504 Plan - <i>Please provide us with a copy of your child's latest 504 documentation.</i>							
English as a Second Language (ESL)				Counseling - <i>Please provide us a copy of any results:</i>			

Please feel free to share any comments on a separate piece of paper.