



GRYMES

MEMORIAL SCHOOL

EARLY LEARNER QUESTIONNAIRE

Please complete and return to Grymes Memorial School as part of your submission for the Pre-Kindergarten, Junior Kindergarten or Kindergarten programs.

Applicant's Name: _____

My child is an applicant for: Pre-Kindergarten (Age 3) Junior Kindergarten Kindergarten

I understand that my child must be toilet trained to attend Grymes.

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY

My child has had some experience with the following (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Pencil and crayon activities | <input type="checkbox"/> Letter recognition |
| <input type="checkbox"/> Cutting and pasting activities | <input type="checkbox"/> Letter sounds |
| <input type="checkbox"/> Language experience activities | <input type="checkbox"/> Rote counting |
| <input type="checkbox"/> Songs | <input type="checkbox"/> One-to-one counting |
| <input type="checkbox"/> Finger plays | <input type="checkbox"/> Comparing activities |
| <input type="checkbox"/> Organized group listening activities | |
| <input type="checkbox"/> Activities following oral instruction | |

When given a choice, my child (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plays with blocks | <input type="checkbox"/> Looks at books |
| <input type="checkbox"/> Draws | <input type="checkbox"/> Cuts and pastes |
| <input type="checkbox"/> Writes letters | <input type="checkbox"/> Uses play dough or clay |
| <input type="checkbox"/> Paints | <input type="checkbox"/> Climbs and jumps |
| <input type="checkbox"/> Plays dress-up | <input type="checkbox"/> Plays imaginary games |
| <input type="checkbox"/> Uses manipulative toys | |

In my child's every day environment, he/she (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Shows respect for adults | <input type="checkbox"/> Adjusts to various situations |
| <input type="checkbox"/> Shows respect for peers | <input type="checkbox"/> Cleans up activity area |
| <input type="checkbox"/> Separates easily from parents | <input type="checkbox"/> Plays cooperatively with others |
| <input type="checkbox"/> Interacts in small group activities | <input type="checkbox"/> Displays self-control |
| <input type="checkbox"/> Interacts in large group activities | <input type="checkbox"/> Completes tasks once started |
| <input type="checkbox"/> Is capable of playing independently | <input type="checkbox"/> Observes rules and regulations |
| <input type="checkbox"/> Solves problems independently | |

Please continue to the next page...

When listening, my child (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Follows directions | <input type="checkbox"/> Recalls stories, songs and rhymes |
| <input type="checkbox"/> Shows interest in stories and discussions | <input type="checkbox"/> Exhibits an age appropriate attention span |

When speaking, my child (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Speaks distinctly | <input type="checkbox"/> Converses well with adults |
| <input type="checkbox"/> Expresses ideas clearly | <input type="checkbox"/> Converses well with peers |

Has your child ever received an academic, learning style, speech or occupational assessment of any kind?
What were the results of that assessment (please give the date and a brief description of the testing results):

Do you have any concerns about your child socially, emotionally or developmentally? Please explain:

Grymes supports the philosophy that exercise is crucial to the overall development of children. Is there any reason your child is to refrain from physical activity?

Parent Signature: _____ Date: _____

Please send your completed questionnaire to:
Grymes Memorial School Attn: Advancement Office
13775 Spicer's Mill Road
Orange, Virginia 22960

QUESTIONS?

We're happy to help!

Please call 540-672-1010 for assistance with this questionnaire.