

St. Thomas the Apostle Catholic School School Experience Questionnaire

Name of Child _____

Grade Entering: _____ Date of Enrollment: _____

1. Has school/pre-school been a positive learning experience for your child? Explain.

2. Is your child developing a positive self-image? Explain.

3. What are your child's special academic strengths? (i.e., reading, math, science)

4. What are your child's special talents? (i.e., art, music, dance, sports)

5. Has your child ever been diagnosed as having a behavior or learning difficulty?
