



**Please return this form by Nov 12, 2021.
Student application is not complete until the
completed form is received via:**

Email: olmcschool@olmc1.org

Fax: 317-582-2375

Mail: OLMC School Attn: Tim Fletcher

14596 Oak Ridge Rd

Carmel, IN 46032

STUDENT QUESTIONNAIRE – GRADES 1 - 8

Dear Parent/Guardian,

Please complete the top portion only and give this *Student Information Form* to your child's current teacher to fill out and return directly to Our Lady of Mount Carmel School. It may be helpful to give the teacher a stamped, addressed envelope in which to return this questionnaire.

Applicant's Name: _____ **Today's Date:** _____

Applicant's Age: _____ **Applicant's Date of Birth** _____

Applicant's Current Grade: _____

Teacher Name: _____

School: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

_____ has my permission to complete this questionnaire.
(Name of School)

Dear Teacher,

The above-named student is an Our Lady of Mount Carmel School applicant. We would appreciate it if you would share the following information with us. This questionnaire will not be part of his/her permanent record and will be confidential. Thank you for your cooperation. Please send this completed form to:

OLMC School
Attn: Tim Fletcher
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Carmel, IN 46032

	Superior	Good	Average	Below Average	Unknown
Intellectual Alertness					
Industry / Effort					
Ability to Learn					
Leadership					
Sense of Honor					
Reliability					
Cooperativeness					
Maturity					

Sense of Responsibility Toward Study					
Work Habits i.e. listening, following directions					
Able to Work in Group					
Able to Work Alone					
	Superior	Good	Average	Below Average	Unknown
Attention Span					
Classroom Behavior					
Cooperation of Parents					

Please check the words which best describe this student:

- | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> leader | <input type="checkbox"/> follower | <input type="checkbox"/> friendly | <input type="checkbox"/> passive | <input type="checkbox"/> persistent | <input type="checkbox"/> well-liked |
| <input type="checkbox"/> sociable | <input type="checkbox"/> shy | <input type="checkbox"/> insecure | <input type="checkbox"/> poised | <input type="checkbox"/> affable | <input type="checkbox"/> forthright |

Has the student ever been recommended for or identified as needing:

- | | | |
|--------------------------|-----------|----------|
| a. Psychological testing | _____ Yes | _____ No |
| b. Educational testing | _____ Yes | _____ No |
| c. Special education | _____ Yes | _____ No |
| d. Gifted Program | _____ Yes | _____ No |
| e. Grade retention | _____ Yes | _____ No |
| f. Has IEP on file | _____ Yes | _____ No |
| g. Has 504 Plan on file | _____ Yes | _____ No |

If the answer is yes to any of the above, did the parent cooperate fully?

Has student ever exhibited any type of behavior that would be detrimental to the class as a whole?
(If yes, please explain)

We are particularly interested in evidence about character, relative maturity, independence, his/her values, the things about which the student is enthusiastic, and any special talents he/she may possess. We would like to know both strong and weak points. If more space is needed, please use a second sheet of paper.

Print Name: _____ Email or phone number: _____

Signature and title: _____ Date: _____