



**ST. PAUL**  
CATHOLIC SCHOOL

STUDENT QUESTIONNAIRE – GRADES 1-8

Dear Parent/Guardian,

Please complete the top portion **ONLY** and give this questionnaire to your child's current teacher to fill out and return directly to St. Paul Catholic School. It may be helpful to give the teacher a stamped and addressed envelope in which to return this questionnaire.

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_ has my permission to complete this questionnaire.

(Name of School)

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Dear Teacher,**

**The above-named student has applied to St. Paul Catholic School. We would appreciate you completing the following questions. This will be confidential.**

	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					

	Superior	Good	Average	Below Average	Unknown
Work habits: i.e. listening, following directions, etc.					
Ability to work in groups					
Ability to work alone					
Exercises self-control					
Positive Attitude					
Responds positively to correction in regard to behavior					
Cooperative with adults					
Disturbs other students					
Aggressive					
Attention span					
Remains on task					
Uses time well					
Follows directions					
Applies Effort					
Cooperation of parents					

Please circle the words that best describe this student:

Leader                  Follower                  Immature                  Passive                  Persistent  
Sociable                  Shy                  Good Humored                  Easily Discouraged                  Well-liked

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

- a.) Psychological testing    Yes \_\_\_\_    No \_\_\_\_    c.) Special education    Yes \_\_\_\_    No \_\_\_\_  
b.) Educational testing    Yes \_\_\_\_    No \_\_\_\_    d.) Grade retention    Yes \_\_\_\_    No \_\_\_\_

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

\_\_\_\_\_

Has the 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 second sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and title of person completing form: \_\_\_\_\_

Contact Person for further information if necessary: \_\_\_\_\_

**Please return completed form to: Email [Admissions@stpaulcatholic.net](mailto:Admissions@stpaulcatholic.net) St. Paul Catholic School, 3121 Hyde Park Road, Pensacola, FL 32503**