



CARLISLE

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Parent Observation Form
Preschool & Kindergarten

Applicant's Name _____

Parent's Name _____

To the Applicant:

This form is to be completed by the applicant's parent(s). Please comment on the following regarding your child.

What does your child like doing best?

What does your child dislike doing the most?

What activities do you enjoy doing with your child?

How would you describe your child's ability to separate from you?

What responsibilities does your child assume? (*i.e. dresses self, ties shoes*)

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Is there something interesting about your child that you would like to share with us?

Have you found one particular form of discipline to be particularly effective with your child? Please explain.

Does your child have any illness, chronic condition, or physical challenges which would make participating in the classroom or physical education difficult? If so, please explain.

Why are you interested in an independent school education for your child?

Given the options of a half-day or a full-day program, which do you feel would best benefit your child?

Is there any additional information you would like to share?

Admissions Office
PO Box 5388
Martinsville, VA 24115
276.632.7288
Fax: 276.632.9545
www.carliseschool.org