



PARENT OBSERVATION FORM

CHILD'S NAME _____ DATE _____

REPORTING PARENT _____

1. What does your child enjoy doing best? _____

2. What does your child dislike doing most? _____

3. What activities do you enjoy doing with your child? _____

4. Is there something interesting about your child that you would like to share with us. (Nobody else may be aware of it)? _____

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

6. Has any member of your family had difficulty learning to read or write? ___
If so, please explain _____

7. Why are you interested in a Christian school experience for your child?



Please check the appropriate box:

Does your child:	Always	Almost Always	Sometimes/ Occasionally	Almost Never	Never
Sustain attention for appropriate amounts of time?					
Sleep restfully?					
Accept changes and disappointments?					
Follow through and finish tasks?					
Have a positive self-image					
Express self well when telling about an experience?					
Listen attentively?					
Seem impulsive?					
Speak clearly?					
Articulate sounds correctly?					
Follow more than one simple direction at a time?					
Become easily motivated?					
Often seem lethargic or withdrawn?					
Enjoy cutting, pasting, painting and clay?					
Try to tie shoes, button own buttons, etc...?					
Appear coordinated for age?					
Know body parts?					
Have nervous habits (nail biting, bed-wetting, etc)?					
Become easily frustrated?					
Enjoy playing alone?					
Take care of toys and materials?					
Show self-discipline?					
Respond favorably to correction?					
Act dependably?					
Respect authority?					
Enjoy playing with other children?					

Comments _____

Please return this form to: First Assembly Christian School
 3730 University Parkway
 Winston-Salem, NC 27106