

Questionnaire for Kindergarten Parents

Please complete the following questions to the best of your ability. With this information, we will be able to familiarize ourselves with your child and you will better understand some of what we expect of our students starting school. Thank you for your help.

The Kindergarten Staff

Child's Name/Nickname: _____ (as you want him/her called at school).

Birthday: _____

1. Did your child attend a pre-kindergarten program or playgroup experience? Name of program/school: _____. How would you describe this experience? _____

2. Can your child say his/her first and last name clearly? Y_____ N_____
3. Is your child afraid of anything in particular? Y _____ N _____. If Yes, please explain: _____

4. Does your child have any special interests? _____
5. What skills has your child acquired? Check all that apply.
 - ___ Knows address
 - ___ knows phone number
 - ___ Knows birthday
 - ___ Can say full name
 - ___ Can print first name
 - ___ Counts to... (how far)? ___
 - ___ Knows the names of colors
 - ___ Can recognize numbers to 10
 - ___ Can tie shoes
 - ___ Can put on own shoes and sweaters
 - ___ Has experience with crayons
 - ___ Has experience with scissors
 - ___ Button clothes, snap snaps
 - ___ Put on boots and shoes
 - ___ Zipper clothes

6. Does your child willingly share toys with others? Y ____ N ____
7. Has your child had any serious illnesses or injuries? Y _____ N _____ If Yes, what were they? _____
8. Does your child currently have any medical or physical problems, including allergies? If Yes, please explain. _____

9. Does your child have any difficulty with his/her speech? If Yes, please explain. _____

10. Is your child left or right handed: R _____ L _____
11. What activities does your child enjoy indoors? _____

12. Can your child take care of his/her own toilet needs? Y _____ N _____
13. Has your child visited the: zoo, circus, airport, city, and library? Circle all that apply.
14. What daily tasks or activities are hardest for your child? _____

15. What daily tasks or activities are difficult for your child? _____

16. What disciplinary methods are most effective with your child? _____

17. What do you hope your child will accomplish during the kindergarten year?
18. Would you be interested in helping in the classroom? Is there a particular day and time that is best for you? How often? Once a week/bi-weekly?
19. Is there anything else you would like to tell us about your child?

