



Kindergarten questionnaire (Confidential)

School office staff: Please give completed form to this student's classroom teacher

Child's name: _____
Last First Middle

Birthdate (mm/dd/yyyy): _____

Getting to know your child:

My child speaks _____. In our home we speak _____ what language/s

My child is: ☐ left-handed ☐ right-handed ☐ uses both to draw/write

My child has had preschool experience: ☐ yes ☐ no

If yes, please list the name of the program(s): _____

Describe your child's attitude about beginning kindergarten: _____

What personal responsibilities does your child take upon themselves?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> dresses self | <input type="checkbox"/> ties shoes | <input type="checkbox"/> zips coat | <input type="checkbox"/> asks for help if needed |
| <input type="checkbox"/> buttons coat | <input type="checkbox"/> knows phone # | <input type="checkbox"/> knows address | <input type="checkbox"/> toilets self |
| <input type="checkbox"/> will answer question when asked | <input type="checkbox"/> washes hands | | |

Does your child enjoy books? _____

How often do you or someone else read to your child?

- ☐ never ☐ infrequently ☐ 2 to 3 times per week ☐ once a day/more

Please check all that describe your child:

- | | | |
|---|--|--|
| <input type="checkbox"/> a leader | <input type="checkbox"/> easily motivated | <input type="checkbox"/> good sense of humor |
| <input type="checkbox"/> quiet | <input type="checkbox"/> cooperative | <input type="checkbox"/> sensitive to others |
| <input type="checkbox"/> likes to learn | <input type="checkbox"/> fearful | <input type="checkbox"/> active |
| <input type="checkbox"/> artistic | <input type="checkbox"/> easily distracted | <input type="checkbox"/> plays well with others |
| <input type="checkbox"/> happy | <input type="checkbox"/> a follower | <input type="checkbox"/> short attention span |
| <input type="checkbox"/> social | <input type="checkbox"/> good self-control | <input type="checkbox"/> teases |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> destructive | <input type="checkbox"/> prefers not to be touched |
| <input type="checkbox"/> shy | <input type="checkbox"/> easily excitable | <input type="checkbox"/> persists on challenging tasks |
| <input type="checkbox"/> immature | <input type="checkbox"/> anxious | <input type="checkbox"/> takes things which are not theirs |
| <input type="checkbox"/> easily upset | <input type="checkbox"/> stubborn | <input type="checkbox"/> affectionate |

Please mark the skills you feel your child already has:

- | | |
|--|--|
| <input type="checkbox"/> prints name | <input type="checkbox"/> colors and cuts with ease |
| <input type="checkbox"/> recognizes numerals 0-10 in random order | <input type="checkbox"/> counts to 30 |
| <input type="checkbox"/> counts up to 10 objects | <input type="checkbox"/> recognizes alphabet letters in random order |
| <input type="checkbox"/> retells familiar stories | <input type="checkbox"/> recognizes and draws basic shapes |
| <input type="checkbox"/> is able to concentrate on a story or project for 5 minutes | <input type="checkbox"/> holds a pencil correctly |
| <input type="checkbox"/> recognizes and expresses feelings | <input type="checkbox"/> engages in conversation |
| <input type="checkbox"/> waits for a turn | <input type="checkbox"/> adapts to a larger group environment |
| <input type="checkbox"/> tells a story about another time/place including major details and in an order that makes sense | <input type="checkbox"/> rhymes words |

What would you say are your child's interests and strengths? (Please be specific.)

What would you say are areas for growth for your child? (Please be specific.)

Individual child needs: *mark all that apply*

Has your child received special education services through an IFSP or IEP? ☐ yes ☐ no
If so, where and what services? _____

Does your child have health concerns the school should be aware of? (Include food allergies.) ☐ yes ☐ no
If so, what? _____

Has there been a divorce, death, illness or other change which might affect your child? ☐ yes ☐ no
Please explain. _____

Are there any legal documents or a parenting plan that should be on file at school? ☐ yes ☐ no
If so, what? _____

Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date