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?

☐ dresses self ☐ ties shoes ☐ zips coat ☐ asks for help if needed
☐ buttons coat ☐ knows phone # ☐ knows address ☐ toilets self
☐ will answer question when asked ☐ 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:

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

Please mark the skills you feel your child already has:

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