

BROAD BROOK SCHOOL

BROAD BROOK, CT

KINDERGARTEN PARENT QUESTIONNAIRE

Child's Name \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth \_\_\_\_\_

1. Has your child had any previous school experience?

Pre-K \_\_\_\_\_ Year (s) \_\_\_\_\_

Nursery School/Pre-School \_\_\_\_\_ Year (s) \_\_\_\_\_

Daycare \_\_\_\_\_ Year(s) \_\_\_\_\_

Other \_\_\_\_\_ Year(s) \_\_\_\_\_

2. Can your child dress him or herself? \_\_\_\_\_ Tie shoes? \_\_\_\_\_

3. Does your child have any special interest or hobbies? \_\_\_\_\_

What are they? \_\_\_\_\_

4. Does your child have any special talent(s)? \_\_\_\_\_

What are they? \_\_\_\_\_

5. What kinds of activities does your child seem to enjoy most? \_\_\_\_\_

6. What are your child's feelings about coming to school? \_\_\_\_\_

7. What are your questions and concerns? \_\_\_\_\_

8. Use this space for other information which you feel would be helpful to us in understanding and working with your child \_\_\_\_\_