

## KINDERGARTEN SCREENING QUESTIONNAIRE

Child's Name/Birthdate \_\_\_\_\_

Parent/Guardian(s) Names \_\_\_\_\_

Best Contact Phone# \_\_\_\_\_

Preferred Email \_\_\_\_\_

1. Has your child had any previous school experience? How many years?
2. Does your child have any special interest or hobbies?
3. What do you consider your child's strengths?
4. Are there any areas either social, behavioral, or academic that you feel your child may need some extra help with?
5. What are your child's feeling about coming to school?
6. Does your child have any health concerns or allergies that we need to be aware of?
7. Are there any additional concerns or information that you feel we need to be aware of in relation to your child?