

# Kindergarten Parent Questionnaire

Thank you for taking the time to share some information about your child.  
 This questionnaire will help your child's teacher become acquainted with students at the start of the school year. We look forward to partnering with you.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

With whom has the child lived with for the past year? \_\_\_\_\_

Are there other people living in the household? \_\_\_\_\_

Does your child have any allergies?  Yes  No If so, to what: \_\_\_\_\_

Does your child have any medical conditions that may impact learning? \_\_\_\_\_

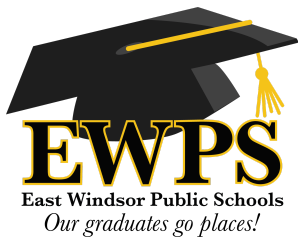
Has your child received any early intervention services?  Yes  No If yes, please explain: \_\_\_\_\_

**In the past year, has your child participated in any of the following? (Please check all that apply)**

- In home daycare       Commercial Daycare Center       Preschool Program/School

Name of center(s): \_\_\_\_\_ Length of time: attended: \_\_\_\_\_

Please choose one phrase from each of the groupings that best describes your child.		Can your child...	
<input type="checkbox"/> Verbally expresses needs and feelings <input type="checkbox"/> Verbally expresses needs and feelings with support		Self feed with fork and spoon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is able to take turns, share, and wait for a turn <input type="checkbox"/> Needs support to take turns, share and wait for a turn		Use crayons or markers to draw?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Separates easily from parent without becoming upset <input type="checkbox"/> Needs time to separate from parent		Express self so is understood by peers and adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Generally plays with other children <input type="checkbox"/> Plays alone most of the time		Follow simple instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Uses bathroom, wipes, and washes hands independently <input type="checkbox"/> Needs support to use the bathroom, wipe and wash hands		Listen to stories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gets dressed with minimal help <input type="checkbox"/> Needs support to get dressed		Turn pages of a book and look at pictures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Willing to try new things <input type="checkbox"/> Reluctant to try new things		Recall and/or retell stories and events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Completes most tasks when requested <input type="checkbox"/> Completes tasks when requested with support		Engage with other children easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Active <input type="checkbox"/> Highly Active			



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**How does your child play/interact with friends? (check all that apply)**

- Shares toys    Prefers outdoor play    Prefers indoor play    Special friends    Prefers to play alone

Other: \_\_\_\_\_

**Does your child enjoy TV "screen time"?    Yes    No   If so, how much time does your child spend watching TV?**

- One hour or less per day    1-3 hours per day    3 hours or more per day

**Does your child use other electronic devices?    Yes    No   If so, how much time does your child spend on other electronics?**

- One hour or less per day    1-3 hours per day    3 hours or more per day

**What are your child's 3 favorite interests?**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Have any significant events recently occurred in your child's life? (family loss, new baby, move, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**How does your child respond to adult direction, limit setting, and rules?**

- Listens well/Follows Directions    Somewhat responsive    Needs constant reminders

**List 3 words that describe your child's temperament.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**How does your child respond when they are emotionally upset?**

\_\_\_\_\_  
\_\_\_\_\_

**How does your child feel about entering Kindergarten?**

- Excited    Eager but somewhat apprehensive    Anxious    Afraid  
 Other, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What are your concerns, if any, about your child's entry into school?**

\_\_\_\_\_  
\_\_\_\_\_