



## Kindergarten parent questionnaire

Please take a few moments to introduce your child to us through this questionnaire. The information you provide will be shared with the classroom teacher and other school staff members who will be working with your child. Thank you for providing this information — we look forward to meeting and working with your child.

Child's name \_\_\_\_\_

Name to be called \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of person completing questionnaire \_\_\_\_\_ Relationship to child \_\_\_\_\_

Names of other people living in the home \_\_\_\_\_

**Language** Language first spoken by the child \_\_\_\_\_

Language child uses most often \_\_\_\_\_

Language parents use most often \_\_\_\_\_

### Please circle the response that best applies:

1. My child has participated in these activities (circle all that apply):

- |   |                    |
|---|--------------------|
| preschool/day care  | in-home child care |
| play group  | organized sports   |
| creative/dramatic activities<br>(such as dance, arts and crafts, music) |                    |

2. My child enjoys these activities (circle up to five):

- |                      |                          |
|----------------------|--------------------------|
| looking at books     | using computer           |
| playing with puzzles | watching television      |
| building with blocks | imaginative play         |
| playing outside      | listening to stories     |
| coloring             | using scissors and paste |

3. My child will ask for help when needed from a familiar adult.

- often                      sometimes                      seldom/never

*turn page over*

4. Someone reads to my child.

often

sometimes

seldom/never

5. My child stays interested in self-chosen activities for

20-30 minutes

10-20 minutes

5-10 minutes

6. My child separates easily from a parent.

often

sometimes

seldom/never

7. My child participates in daily family routines and chores.

often

sometimes

seldom/never

8. My child takes care of bathroom needs independently.

often

sometimes

seldom/never

9. My child enjoys playing alone.

often

sometimes

seldom/never

10. My child enjoys playing with other children his/her own age.

often

sometimes

seldom/never

11. My child has a medical concern I would like to discuss before school begins.

yes

no

12. This year in kindergarten, I would like for my child to \_\_\_\_\_

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13. There is additional information I would like to share.

yes

no

Optional comments \_\_\_\_\_

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