

Kindergarten Parent Questionnaire

Child's Name: _____ Date of Birth: _____ Gender: _____

Name Child Uses: _____ Language Spoken At Home: _____

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. Please complete **both the front and the back of the form** and return it to your child's school as soon as possible. We look forward to partnering with you.

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

In-home childcare	Commercial childcare	Name of childcare:
	How long and how often attended:	
Stay at home	Preschool	Name of Preschool:
	How long and how often attended:	

Are there other children living in your home? If yes, what are their ages? _____

Please choose **one** phrase from each grouping that best describes your child at this time.

Verbally expresses needs and feelings Verbally expresses needs and feelings with support
Is able to take turns, share, and wait for a turn Needs support to take turns, share, and wait for a turn
Separates easily from parent/guardian/caregiver without becoming upset Needs time to separate from parent/guardian/caregiver
Generally plays with other children Plays alone most of the time
Uses bathroom, wipes, and washes hands independently Needs support to use the bathroom, wipe and wash hands
Gets dressed with minimal help Needs support to get dressed
Willing to try new things Reluctant to try new things
Completes most tasks when requested Completes tasks when requested with support
Active Highly active

What are some things that bring your child joy?

What are some activities your child enjoys?

How does your child respond when he/she is emotionally upset?

Is there anything else you would like us to know about your child?