Kindergarten Questionnaire

Student Name:_____ Grade: _____

QUESTION	ANSWER
What do you wish your child to be called?	
EDUCATIONAL INFORMATION	
Is your child attentive when you read to them?	Yes No
Does your child read?	Yes No
Has your child had experience using scissors?	Yes No
Has your child had experience using glue/paste?	Yes No
Does your child speak in sentences?	Yes No
Does your child follow most instructions?	Yes No
Do you have difficulty understanding your child? In what way?	Yes No
Do others have difficulty understanding your child?	Yes No
Did your child attend nursery school, preschool, or daycare?	Yes No Name of nursery school(s), preschool(s) or daycare(s)
SOCIAL/EMOTIONAL INFORMATION	
Has your child had an opportunity to play with children outside the family?	Yes No
Is your child comfortable in social situations with children his/her own age?	Yes No
How does your child solve a disagreement with another child?	
What are your child's main interests?	
Is your child involved in outside activities? What activities are they involved?	Yes No
Has your child expressed any concerns about coming to school?	Yes No
How does your child react to new situations?	
Does your child have any fears?	
What causes your child to cry?	
Does your child "temper tantrum", if so, generally what are the circumstances? How frequently?	Yes No
OTHER	
Does your child dress him/herself? Please circle what they **can** do.	Yes No Button Zip Snap Tie Shoes
How often have you moved in the past 5 years? Has this been a problem for your child?	
Does the work of either parent require that they be away from the home for extended periods? How often?	
If both parents work, who will care for the child before and after school?	
****If there are any situations in the home or information you think may be helpful for us to know and understand your child please use the back to provide us with this information.**	