

Pre-K Questionnaire

Student Name: _____ Grade: _____

QUESTION	ANSWER
What name do you wish your child to be called?	
What name do you want your child to learn to write?	
Which is your child's dominant hand?	
EDUCATIONAL INFORMATION	
Is your child attentive when you read to them?	Yes No
Has your child had experience using scissors?	Yes No
Has your child had experience using glue sticks?	Yes No
Does your child follow most directions?	Yes No
Does your child speak in sentences?	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 his/her own age?	Yes No
How does your child solve a disagreement with another child? Please explain.	
What are your child's interests?	
Is your child involved in outside activities? Please list.	Yes No
How does your child feel about coming to school?	
Does your child have difficulty separating from you?	Yes No
Does your child have any fears?	
Does your child have temper tantrums? Please explain circumstances and frequency.	Yes No
OTHER	
Does your child dress him/herself? Please circle what they can do.	Yes No Button Zip Snap Tie Shoes
Does your family have any religious or cultural restrictions regarding celebrations/holidays? Please explain.	Yes No
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.	

