

Questionnaire for Kindergarten Parents

Dear parents,

Please take a few minutes to answer the questions below. Do not be intimidated by the academic questions, as it is only a guide, and we will learn all these things this year. Please return this the first week of school.

Child's name _____ (as you want him/her called at school).

Birthday _____

1. Please list the names and ages of your child's siblings

2. Has your child had preschool or playgroup experience? (Please give name of school and number of years attended).

3. Does your child have any difficulty with speech?

4. Does your child have any health problems or allergies?

5. Is your child afraid of anything in particular?

6. Does your child have any special interests?

7. Are there child custody issues I need to be aware of?

8. What skills has your child acquired?

_____ Knows address

_____ Knows phone number

_____ Knows birthday

_____ Can say full name

_____ Can print first name

_____ Counts to.....(how far?)

_____ Knows the names of colors

_____ Can recognize numbers to 10

_____ Recognizes capital letters

_____ Recognizes letter sounds

_____ Likes to listen to stories

_____ Can tie shoes

_____ Can put on own shoe and sweaters

_____ Has experience with crayons

_____ Has experience with scissors

9. If your child is reading, how did he/she learn and how long has he/she been reading?

10. What are your expectations for the kindergarten program? What specific things would you like to see happen this year?

11. Would you be interested in helping in the classroom?

Is there a particular day and time that is best for you? How often? Once a week/bi-monthly

12. Is there anything else that you would like to tell me about your child?

This will be an exciting year! I look forward to getting to know you and your child. Thank you! Linda

