



## Kindergarten Questionnaire

Child's Name: \_\_\_\_\_  
*First Name* *Last Name*

Name to Use at School (if different): \_\_\_\_\_

Child's Birthday (Month/Day/Year): \_\_\_\_\_ Gender  M  F

Child's Primary Language:  English  Other (List Language): \_\_\_\_\_

Has your child received special education services? (IEP/504 Plan?)  Yes  No

If English is not your child's primary language, how would you describe his or her language skills?  
 No English  Some English/Beginning Skills  Mostly English/Fluent in English

Do parents/guardians need an interpreter for meetings?  No  Yes (language): \_\_\_\_\_

### Background Information and Social Experiences

1. How many children are in your family?

Names and Ages: \_\_\_\_\_

2. What are the names of the adults who live in your home and their relationship to your child (for example, mom, dad, grandma, friend)?

\_\_\_\_\_

3. Has your child attended a daycare in the past?  Yes  No

4. How will your student be getting home from school this school year?

School Bus  Parent Pick-up  Daycare

If your child will be attending Daycare after school, list the name and phone number of the individual or daycare center who will be caring for your child.

\_\_\_\_\_

5. Did your child attend pre-school, ECEAP or Head Start?  Yes  No

(If yes, number of years and name of school) \_\_\_\_\_

6. Has your child been in any type of group situation other than daycare or preschool?

Yes  No Describe: \_\_\_\_\_

7. How would you describe your child's social behavior (shy, leader, impulsive, active, other)?

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8. What activities does your child enjoy?

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### **Development and Pre-Academic Experience**

1. Is your child right or left handed? \_\_\_\_\_

2. Please check the items your child can do:

Tie Shoes    Zip    Button    Snap    Skip    Knows Colors    Write Name

3. How high can your child count? \_\_\_\_\_

4. Does your child know shapes (i.e., circle, square, triangle, rectangle)? \_\_\_\_\_

5. Has your child had experiences with these tools? (check if yes):

Pencil    Crayons    Scissors    Glue    Paint

6. How many letter names does he/she know?    All    Many    Some    None

7. How many letter sounds does he/she know?    All    Many    Some    None

8. Can your child read words or sentences? \_\_\_\_\_

9. Has your child used a computer before? \_\_\_\_\_ If so, what types of activities?

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### **School Adjustment**

1. Does your child have difficulty with any of the following?

Sitting still and listening    Separating from parents    Sharing and taking turns  
 Controlling anger    Calming when upset    Adjusting to new situations or people  
 Coping with noises, textures, or other sensory issues    Toileting independently

2. Do you have any requests, or information to provide that will assist us in placing your child in a "good fit" classroom? Has there been a divorce, death, illness in the family, or other circumstance, which might affect your child? Is there anything else you would like your child's teacher to know?

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