Kindergarten Parent Questionnaire

Please take a few moments to introduce your child to us through this questionnaire. The information you provide will be shared with the classroom teacher and other school staff members who will be working with your child. Thank you for providing this information. We look forward to meeting and working with your child.

You may complete the form online.

or

You may complete the form and mail to Joni Gahm, St. Paul’s School, PO Box 8100, Brooklandville, MD 21022-8100.

Child’s name _______________________________________________________________________

Name to be called__________________________________________________________________________

Date of birth ______________________________________________________________________

Name of person completing questionnaire________________________, Relationship to child,___________

Names of other people living in the home_______________________________________________________

Language: Language first spoken by the child _____________________________________________

Language child uses most often_____________________________________________________________

Language parents use most often ___________________________________________________________

Please circle the response that best applies:

1. My child has participated in these activities (circle all that apply):

   preschool/day care
   play group
   creative/dramatic activities
   in-home child care
   organized sports
   (such as dance, arts and crafts, music)

2. My child enjoys these activities (circle up to five):

   looking at books
   playing with puzzles
   building with blocks
   playing outside
   coloring
   using computer
   watching television
   imaginative play
   listening to stories
   using scissors and paste
3. My child will ask for help when needed from a familiar adult.
   often  sometimes  seldom/never

4. Someone reads to my child.
   often  sometimes  seldom/never

5. My child stays interested in self-chosen activities for
   20-30 minutes  10-20 minutes  5-10 minutes

   often  sometimes  seldom/never

7. My child participates in daily family routines and chores.
   often  sometimes  seldom/never

8. My child takes care of bathroom needs independently.
   often  sometimes  seldom/never

   often  sometimes  seldom/never

10. My child enjoys playing with other children his/her own age.
    often  sometimes  seldom/never

11. My child has a medical concern I would like to discuss before school begins. yes no

12. This year in kindergarten, I would like for my child to ________________________________

13. There is additional information I would like to share. yes no