



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.

Please return the form by either:

- Mail to Joni Gahm, St. Paul's School, PO Box 8100, Brooklandville, MD 21022-8100 or
- Scan and email to jgahm@stpaulsmd.org

Child's name _____ Name to be called _____

Primary Language spoken at home: _____

Please circle the response that best applies:

1. My child separates easily from a parent.
often sometimes seldom/never
2. My child takes care of bathroom needs independently.
often sometimes seldom/never
3. My child can tie shoes.
often sometimes seldom/never
4. My child can button clothing.
often sometimes seldom/never
5. My child can zip clothing.
often sometimes seldom/never
6. My child has a medical concern such as asthma or a food allergy. Yes No
If yes, please explain: _____
7. This year in kindergarten, I would like for my child to _____

