

ID Number _____

Boy ___ Girl ___

PLEASANTON UNIFIED SCHOOL DISTRICT

Kindergarten Questionnaire Confidential

Child's Name _____

Name to be used in school _____

Home Phone# _____

Birthday (month/day/year) _____

Age when entering school _____

Address _____

Mother's Name _____ Occupation _____

Email address _____

Father's Name _____ Occupation _____

Email address _____

Current Marital Status of child's parents _____

Who does your child live with? ___ Mother ___ Father ___ Both ___ Other

Other children in family

Age

Grade level (in August) and School Name

Does your child speak English? ___ only English ___ most of the time ___ some of the time ___ not yet

What language/s does your child speak most often at home? _____

Please check the appropriate responses for your child:

1. Usually plays:

- ___ alone
- ___ with a few friends
- ___ with many friends

2. Plays cooperatively

- ___ not yet
- ___ just beginning
- ___ often

3. Child prefers

- ___ left hand
- ___ right hand
- ___ both hands

4. Listens Attentively

- ___ most of the time
- ___ some of the time
- ___ not yet

5. Can say

- ___ first name
- ___ last name
- ___ address
- ___ telephone #
- ___ birthday

6. Can read

- ___ pictures
- ___ some letters
- ___ many letters
- ___ words
- ___ stories

7. Counts

- ___ to five
- ___ to ten
- ___ to twenty
- ___ more

8. Can Write Name

- ___ not yet
- ___ yes

(More questions on back)

7. Do you read to your child? _____ How often? _____

8. Is your child able to sit still and listen to a story for 10 minutes? _____

9. Has your child attended preschool? ___ yes ___ no
Which one? _____ How long? _____

Was this a positive experience for your child? _____

Did your child attend the TK Program in PUSD? ___ yes ___ no

10. Are you able to volunteer in the classroom? _____
(Volunteers must be cleared upon each visit at the school office.)
_____ once a week _____ special events _____ field trips

11. What do you like best about your child?

12. What would you like the teacher to know about your child?

13. Please list any physical concerns the teacher should know about. (Ex: food or other allergies, hearing, vision, etc.)

14. Have there been any family issues that your child has had difficulty with? (Ex: recent move, divorce, sibling conflicts, etc.) _____

15. What kind of challenges do you have most often with your child? How do you solve them?

16. What are your expectations for your child's kindergarten experience?

17. Will your child attend daycare during the school year? ___ yes ___ no

If yes, day care provider: _____

*** We cannot guarantee placement due to daycare provider schedules* Times are approximate and may change ***

Please indicate your 1st and 2nd preference:

8:10 am - 12:00 pm _____ 9:10 am - 1:00 pm _____

18. If you have specific circumstances that would affect placement, please explain below:

Balanced classes based on gender, age, and social needs are the first priority when creating classes. Our enrollment is still being determined and it will influence how many classes we have. We cannot guarantee time preference for placements. You will be notified of your placement in June so you can make necessary arrangements.

Thank you for taking the time to share this information about your child.