

**Bridgeport Elementary School
Kindergarten Parent Questionnaire**

Student Name: _____ Parent Name: _____
Birthday: _____ Address: _____
Primary Telephone: _____
Parent #1 Cell Phone: _____ Parent #2 Cell Phone: _____

The information on this questionnaire will help us meet any special needs your child may have and will assist us in classroom placement.

1. Preschool Experience:
2. Behavioral/Social. Emotional strengths and needs:
3. Preschool or childcare experiences that might help the teacher:
4. Do you have any additional concerns that your child's teacher or counselor should know?
5. Do you feel that there are any special areas where your child or your family could use special assistance?

6. Has your child received any of the following services within the last year?

Speech and Hearing

Counseling

Psychological Testing

Special Education

Learning Disabilities

IEP (Individualized Education Plan)

English Language Learner

Other

7. Would you be able to volunteer in the classroom?

Yes

No

8. Other concerns you might have:

Parent Signature

Date