

VALHALLA ELEMENTARY SCHOOL

KINDERGARTEN QUESTIONNAIRE

Date: _____

FAMILY BACKGROUND

Child's Full name: _____
Last Name First Name Middle Name

Name to be used at school: _____

Date of Birth: _____ Home Phone: _____
Month Day Year

Mother's Name: _____ Occupation: _____

Cell Phone: _____ Business Phone: _____

Father's Name: _____ Occupation: _____

Cell Phone: _____ Business Phone: _____

Current Marital Status of Parents: Married Divorced Separated Never Married

Other Children in Family:

Age:

Grade in School:

Has there been a Divorce Death Illness in the family which might affect your child?

SOCIAL EXPERIENCES

Has your child attended Nursery School Preschool Neither

Pre-School Attended: _____
Name City Dated Attended

Does your child play Actively? Quietly? Alone? With others?
 With older children? With children of same age?
 With boys? With girls?

Does your child enjoy books? Yes No Sometimes

Do you read to your child? Daily Weekly Monthly

Does your child remember songs or rhymes? Yes No Sometimes

DEVELOPMENT

Does your child have any health problems the school needs to know about?

No Yes, Please explain: _____

Does your child have any special bathroom/toilet needs we should be aware of?

No Yes, Please explain: _____

Does your child have any food allergies? No Yes

Please list: _____

Does your child play with/use Paints? Markers? Crayons?
 Pencils? Scissors? Modeling Clay?

What are your child's strengths? _____

What are your child's weaknesses? _____

SCHOOL ADJUSTMENT

Have you registered your child in the Mt. Diablo School District before? Yes No

How will your child get to and from school? Bus Parent Other _____

Does your child follow directions? Yes No

Is your child able to sit still and listen to a story for ten minutes? Yes No

Does your child listen without interrupting while someone else talks? Yes No

Is your child able to take turns? Always Sometimes Never

Does your child know his/her phone number? Yes No

Does your child know his/her address? Yes No

What else would you like your child's teacher to know about your child? _____

PARENT EDUCATION LEVEL

(Check the box that describes the education level of both parents)

Father Mother

- Not a High School Graduate
- High School Graduate
- Trade School
- Some College
- College Graduate
- Graduate School/Post Graduate Training

Name of person completing this form _____

Relationship to child _____