

## Questionnaire for Kindergarten Parents

Dear Parents/Guardians,

Would you please take a few minutes to answer the questions below? This will help us get to know your child better. Thank you!

-West Ridge Kindergarten Teachers

Child's Full Name \_\_\_\_\_ boy girl

Name as you want him/her called at school and written around the classroom \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_

Is your child **left-handed**? Or **right handed**?

1. Please list the names and ages of your child's brothers and sisters.

2. Has your child had preschool or playgroup experience? (Please give name of school and number of years attended.)

3. Does your child have any health problems or allergies and if so please list?

4. Does your child currently receive speech services and if so please explain why?

5. Is your child afraid of anything and if yes please explain?

6. What activities does your child enjoy?

7. What skills has your child acquired?

\_\_\_\_\_ knows address

\_\_\_\_\_ knows phone number

\_\_\_\_\_ knows birthday

\_\_\_\_\_ can say full name

\_\_\_\_\_ prints name without a model

\_\_\_\_\_ knows the names of colors

\_\_\_\_\_ likes to listen to stories

\_\_\_\_\_ counts to 10

\_\_\_\_\_ can button own clothing

\_\_\_\_\_ can zip own clothing

\_\_\_\_\_ has experience with crayons

\_\_\_\_\_ has experience with scissors

8. What are your expectations for the kindergarten program? What specific things would you like to see happen during the kindergarten year?

9. Is there anything else that you would like to tell us about your child?

**We look forward to getting to know you and your child!**