



Caswell County Schools

P.O. Box 160, Yanceyville, North Carolina / Ph: 336-694-4116 / Fax: 336-694-5154

Kindergarten Parent Questionnaire

Child's Name: _____ School: _____

Name of Parent/Guardian filling out questionnaire: _____

Thank you for taking the time to tell us about your child! This information is important and helpful to us as we plan educational experiences for the Kindergarten classroom.

I. Preschool Education Experiences

- a. Has your child attended preschool before? No__ Yes__ When_____
- b. If yes, name/address of most recent school: _____

II. Readiness Checklist

My child:

	Yes	Not Yet	Comment (Optional)
Shows curiosity and interest about school			
Takes care of toileting and self-help needs (e.g. dressing)			
Puts together simple puzzles			
Can recognize first name			
Can write first name			
Enjoys being read to			
Can be separated from parent without being easily upset			
Asks for help when needed			
Demonstrates cooperative play skills (sharing, taking turns)			
Can sit quietly in a group for up to 15 minutes			
Pays attention to short stories and can answer simple questions			
Contributes verbally while in a small group			
Can hold pencil/crayon/marker properly			
Can use scissors properly			
Can follow a 2-step simple direction			
Speech is easily understandable			
Knows how to zip and button			
Can tie shoelaces			

(Over)

III. Parental Concerns

If you believe your child has a special need, please circle your concern from the following:

- A. **Behavior** – tantrums; is not able to accept limits; resists or refuses requests; is very shy; trouble getting along with other children; easily frustrated; hits, shoves, bites others.
- B. **Social Skills** – does not play well with other children; does not separate easily from parent; will not work in a group; is left out of peer activities.
- C. **Speech/Language** – speech is unclear or garbled; stutters; difficulty expressing what he/she wants or needs; often needs instructions repeated.
- D. **Self-help** – toilet difficulties or accidents; feeding or dressing problems.
- E. **Attention** – distracted easily; short attention-span; jumps from one thing to another.
- F. **Developmental Delays** – is not learning at an average rate; delays in developmental milestones.
- G. **Movement** – clumsy; difficulty using tools; hand/eye coordination problems; poor control of body movement.
- H. **Hearing** – has trouble hearing; asks you to repeat or talk louder; favors one ear; startles at sudden noises
- I. **Vision** – eyes cross or turn out; squints, rubs eyes; tilts or turns head to focus on something, eyes quiver.

IV. General Comments

A. My child's strengths are: _____

B. My child will need help with: _____

C. Is there anything else you would like us to know about your child?

D. Please list any Medical or Health concerns that we should be aware of.

Signature of Parent/Guardian filling out questionnaire: _____
Date completed: _____

The information you have provided will help us understand your child and prepare for a smooth transition to kindergarten. We look forward to working with you and your child this coming year!