

Kindergarten Parent Survey



These surveys will be read by Kindergarten teachers during placement

Name of Child _____ Birth Date _____

Father and Mother's Names _____

Address _____

Home Telephone Number _____

Occupation (Father's) _____

(Mother's) _____

Brothers (names & ages)

Sisters (names & ages)

Preschool Experience

1. Did your child attend preschool? _____

Name of preschool _____

Days/hours per week _____

2. Did your child adjust well to the preschool setting? _____

3. Has your child received services (OT, PT, Speech, SEIT?) _____

Social Development

1. Does your child have regular playmates the same age? _____

2. Does your child have difficulty getting along with other children? _____

3. Does your child prefer to play with other children or alone? _____

4. Does your child become easily frustrated? _____

5. Does your child cry often? _____

6. Does your child have a bad temper? _____

7. Does your child become frequently irritated or moody? _____

8. Does your child become upset by changes in routine? _____

9. Does your child manage dealing with family stress such as illness, death or separation? _____

10. Does your child demand a lot of adult attention? _____

11. Does your child accept discipline and limits? _____

12. Does your child greet others in an appropriate manner? _____

13. Does your child willingly and cooperatively participate in a small group activity or game?

14. Does your child usually make an effort to solve problems before seeking help from others? _____

15. Does your child stay focused and complete a task? _____

16. Is your child easily frustrated? _____

Self Help Skills

1. Is your child able to get dressed independently? _____

2. Is your child able to button, zip and snap his/her clothing? _____

3. Is your child able to tie his/her shoes? _____

4. Is your child able to care for his/her toileting needs? _____

5. When upset, is your child able to calm him/her self? _____

6. Is your child able to go up and down stairs with one foot on each step? _____

Speech/Language Development

1. Is your child able to express needs and requests verbally? _____

2. Is your child's speech understandable to others? _____

3. Does your child speak in complete sentences? _____

Beginning Academic Skills

1. Does your child recognize his/her name in print? _____

2. Is your child able to correctly use school tools such as crayons, scissors, glue and pencils? _____

3. Does your child draw pictures that are recognizable? _____

