

REMSEN CENTRAL SCHOOL

QUESTIONNAIRE FOR PRE-KINDERGARTEN & KINDERGARTEN PARENTS

Child's Full Name (first, middle, last) _____

What name does your child prefer to be called and have his/her belongings labeled with at school?
_____ (example: child's name-Anthony James; prefers AJ)

Please tell us about your child's early experiences by answering the following questions. This information helps us to understand and help your child as he/she makes the adjustment to school.

Has your child had opportunities to play with other children? Yes No; Often or Seldom

Has your child attended nursery school or preschool? Yes No

If so, where? _____ How long? _____

Is your child afraid of anything? Yes No If yes, please explain _____

Have you had any concerns about your child's behavior or relationships with children and/or adults?

Yes No If yes, please explain _____

Describe how you generally discipline your child _____

Please check any of these skills your child may already have learned:

can tell:

- full name (first, middle, last)
- address
- telephone number
- birth date

has experience with:

- crayons
- pencils
- scissors
- can print name
- likes to listen to stories

self-help skills:

- can put on own coat/shoes/boots
- can button own clothing
- can zip own clothing
- can tie shoes
- toileting skills (i.e. can wipe self)

knows:

- the names of colors
- numerals to 10
- capital letters
- lowercase letters
- knows the difference between left and right

If your child is reading, how did he/she learn and how long has he/she been reading?

Do you have any concerns that we need to discuss before your child comes to school?

Is there anything special you would like to tell us about your child to help us understand him/her better?

THANK YOU FOR HELPING US GET TO KNOW YOUR CHILD. We look forward to working with you during your child's first year in school.