

Kindergarten Parent Survey



These surveys will be read by Kindergarten teachers during placement

Name of Child _____ Birth Date _____

Parents'/Guardians' Names _____

Address _____

Home Telephone Number _____

Occupation (Parent/Guardian 1) _____

(Parent/Guardian 2) _____

Brothers (names & ages)

_____	_____
_____	_____
_____	_____

Sisters (names & ages)

_____	_____
_____	_____
_____	_____

Parent Narrative

As a parent, you know your child best. Please write about your child's strengths, areas in need of improvement, goals for the school year and any other relevant information you believe will be useful when considering placement for your Kindergartener.

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? _____

4. Does your child enjoy being read to? _____

5. Does your child comprehend stories read to him/her? _____

Any Additional Comments or Concerns

