

Parent/Guardian Survey for Transitional Kindergarten/Kindergarten

Student Name _____ Grade Level _____

Parent/Guardian Name _____ Phone Number _____

The following questions will help us learn more about your child so we can best meet their needs.

1. Did your child attend preschool? If so, where and when? _____

2. For students entering Kindergarten, did your child attend Transitional Kindergarten? If so, where?

3. Please let us know if your child can do the following self-care activities (*please check one of the following options for each category*):

A. Use the bathroom:

Is independent Needs some assistance Needs full assistance/wears diapers

B. Can dress themselves (e.g., put on a jacket, button, zip, etc.):

Is independent Needs some assistance Needs full assistance

C. Can manage meals/snacks (opening containers, using utensils, feeding themselves):

Is independent Needs some assistance Needs full assistance

4. Is your child comfortable with being away from parents/caregivers? If not, what strategies help make them feel better?

5. Are there any behaviors or routines that classroom staff should be aware of?

6. Is there anything else you would like to share with your child's teacher/school staff so we can best support your child and family?
