

## **Kindergarten Parent Questionnaire**

Your input on this form will provide your child's kindergarten teacher with valuable information. We thank you in advance for answering these questions to help us get to know your child better.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

☐ Male ☐ Female ☐ Other ☐ Decline to state

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Who is completing this survey? \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

With whom has the child lived for most of the past year? \_\_\_\_\_

Are there other people living in the household? \_\_\_\_\_

Are there other children in the family?      Name                      DOB                      Grade


### **Early Childhood Education Experience**

Has your child attended preschool? ☐ Yes ☐ No If yes, for how long? \_\_\_\_\_

Has your child attended day care? ☐ Yes ☐ No If yes, for how long? \_\_\_\_\_

How does/did your child enjoy this experience? ☐ Very much ☐ Somewhat ☐ Not at All

### **Birth and Medical History**

Baby's Birth Weight: \_\_\_\_\_ Were there any complications during pregnancy? ☐ Yes ☐ No

If so, please explain \_\_\_\_\_

Was your child premature? ☐ Yes ☐ No If so, how many weeks premature? \_\_\_\_\_

At birth, did your baby: Have seizures? ☐ Yes ☐ No Turn blue? ☐ Yes ☐ No

Other? \_\_\_\_\_

Since birth, are there any medical/health concerns that your child's teacher should know about?

☐ Yes ☐ No

If yes, please explain \_\_\_\_\_


### Self-help Skills

- |                     |   |  |
|---------------------|---|--|
| Can your child..... | feed self with fork and spoon?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     | wash and dry hands independently?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     | express wants and needs easily?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     | toilet self independently?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     | dress self independently or with some assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     | separate from parent easily?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Developmental Skills

- |                      |   |  |
|----------------------|---|--|
| Can your child ..... | use crayons, markers to draw?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      | express self so is understood by peers and adult? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      | follow simple directions?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      | listen to stories?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      | turn pages of a book and look at pictures?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      | recall and/or retell stories and events?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      | engage with other children easily?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Additional Information

How does your child play/interact with friends? (Check all that apply)

- ☐ Shares Toys   ☐ Prefers Outdoor Play   ☐ Prefers Indoor Play   ☐ Special Friends   ☐ Prefers to play alone

Other: \_\_\_\_\_

List three words that describe your child's temperament.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What are your child's three favorite activities?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have any significant events recently occurred in your child's life? (family loss, new baby, move, etc.)

\_\_\_\_\_  
\_\_\_\_\_

How does your child respond to adult direction, limit setting, and rules?

- ☐ Listens Well/Follows Directions   ☐ Somewhat Responsive   ☐ Needs Constant Reminders

Does your child enjoy TV “screen time”? ☐ Yes ☐ No

If so, how much time does your child spend watching TV?

☐ One hour a day ☐ 1- 3 hrs. a day ☐ More than 3 hrs. a day

What are his/her favorite shows?

1. \_\_\_\_\_

2. \_\_\_\_\_

Does your child use other electronics? ☐ Yes ☐ No

If so, how much time does your child spend on other devices?

☐ One hour a day ☐ 1- 3 hrs. a day ☐ More than 3 hrs. a day

What are his/her favorite games/activities/apps?

1. \_\_\_\_\_

2. \_\_\_\_\_

How does your child enter new or unfamiliar situations?

☐ Independently joins in new activity/situation

☐ Initially hesitant until comfortable

☐ Always clings to a familiar adult

How does your child feel about entering kindergarten?

☐ Excited ☐ Eager but Somewhat Apprehensive ☐ Anxious ☐ Afraid

☐ Other (please explain) \_\_\_\_\_

Has your child been evaluated or screened in any developmental areas by the school or privately?

☐ Yes ☐ No

If yes, where, when, and in what area?

Did your child receive Early Intervention services? ☐ Yes ☐ No

If so, in what area(s) and for how long?

What are your concerns, if any, about your child’s entry into school?

Thank you for your input. We look forward to meeting your child!

## **Early Childhood Education Experience Survey**

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only and indicate hours where applicable. Thank you!

☐ My child did not have any formal early childhood program experience.

☐ My child attended a Licensed Family Child Care Provider: Licensed family child care provider located in a home.

☐ Less than 20 hours a week

☐ More than 20+ hours a week

☐ My child attended a Center Based Program: Licensed child care center, Head Start Program, private or public preschool program.

☐ Less than 20 hours a week

☐ More than 20+ hours a week

☐ My child attended a BOTH a Licensed Family Child Care Provider AND a Center Based Program

☐ Less than 20 hours a week

☐ More than 20+ hours a week.

☐ My child did not have formal early childhood program experience but participated in Coordinated Family Community Engagement. (CFCE). CFCE services are locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent/child activities).