

My Child is Going to Kindergarten!

Child's Name _____ Name to be called _____

Date of birth _____

Name of person completing questionnaire _____ Relationship to child _____

Other people living in the home including names and ages of siblings and other children

Language parents speak most often _____

Language child speaks most often _____

Language first spoken by child _____

Please circle the answer that best applies:

1. My child has participated in the following:

preschool/day care in home childcare

My child has been involved in these structured activities/classes:

2. My child enjoys these activities: (circle all that apply)

looking at books	coloring
listening to books	imaginative play
playing with puzzles	watching television
building with blocks	using scissors, glue, pencils
playing outside	using a computer/technology device

3. My child enjoys playing with children his/her own age.

often sometimes never

4. My child enjoys playing alone.

often sometimes never

5. My child takes care of bathroom needs independently.

often sometimes never

6. My child gets dressed independently. yes no

Buttons? yes no Zippers? yes no Shoelaces? yes no

7. Someone reads to my child.

often sometimes never

8. My child separates easily from a parent.

often

sometimes

never

9. My child stays interested in an activity for

5-10 minutes

10-15 minutes

15-20 minutes

20-30 minutes

10. My child will ask for help when needed from a familiar adult.

often

sometimes

never

11. My child shares and takes turns.

often

sometimes

never

12. Does your child ever act out or have tantrums? often sometimes never

If so, in what way? _____

How do you manage these behaviors? _____

13. What responsibilities does your child have at home? _____

14. My child follows directions with more than one step (Example: Find your shoes, put them on, then get your coat) often sometimes never

15. My child has a health or medical concern I would like to discuss prior to the start of school. yes no

16. What is your child's sleeping routine like? _____

17. My Kindergarten hopes and dreams for my child _____

18. Additional information I would like to share _____
