

**KINDERGARTEN PARENT/GUARDIAN
QUESTIONNAIRE**

Child's Name _____

Name to be used in school _____

Birthdate: Month _____ Day _____ Year _____ Age _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Mother's Name _____

 Job Title _____ Location _____

 Work Phone _____

Father's Name _____

 Job Title _____ Location _____

 Work Phone _____

Current Marital Status of Child's parents _____

My child goes to bed at: _____ Wakes at: _____

Sleeps through night: YES NO Still takes nap: YES NO

Did or Does your child attend preschool or pre-kindergarten? YES NO

If so, how long and where? _____

Please answer the following questions to the best of your ability:

My child can best be described (*circle as many that apply to your child's personality*):

- a. Shy, tends to play alone or follow lead of others
- b. Outgoing, tends to direct the play of others
- c. Good natured, tender, concerned for others
- d. Has a great imagination
- e. Likes learning, asks a lot of questions about the world around him/her
- f. Has a difficult time sitting still
- g. Is easily angered and/or can be destructive
- h. Cries easily, sulks, whines
- i. Does not like to share
- j. Other: _____

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My child plays mostly with *(circle no more than 2):*

- | | | | |
|----|---------------------------------------|----|------------------|
| a. | Blocks (legos, building blocks, etc.) | e. | Tools |
| b. | Dolls | f. | Books |
| c. | Cars | g. | Puzzles |
| d. | Coloring books | h. | Crayons, pencils |
| i. | Other: _____ | | |
| | _____ | | |

What is your child able to do academically *(circle all that apply)?*

- a. Count up to _____
- b. Recite the alphabet
- c. Recognize letters: few some most all
- d. Knows some sounds of letters
- e. Write name
- f. Other: _____
- _____

My child is mostly punished for *(circle as many that apply):*

- a. Talking back
- b. Not following through with a task you asked him/her to do
- c. Not listening to your initial correction
- d. Breaking basic household rules: Please name _____
- e. Fighting with sibling(s)
- f. Other: _____
- _____

How do you discipline your child *(circle the most used method)?*

- a. Talking to your child about the behavior and why it is not acceptable
- b. Time Out
- c. Stern voice or yell (Intimidation)
- d. Spanking
- e. Taking away a privilege: if so please name the privilege: _____
- f. Having child do extra chores around the house
- g. Other: _____
- _____

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Please describe any medical problems your child may have:

- Allergies _____
- Attention _____
- Hearing _____
- Vision _____
- Speech _____
- Physical Handicap _____
- Anxieties _____
- Family history of learning difficulties _____
- Toileting _____
- Sleep_(crying, restlessness, nightmares) _____
- Hyperactivity _____
- Other _____

Has your child received any special needs services from a professional for any of the above areas (such as Occupational Therapist, Physical Therapist, Speech/Hearing Therapist, or Counselor)? _____

When did your child begin to talk? _____

Describe your child's muscle control, such as running, jumping, hopping, skipping, catching, and/or throwing a ball _____

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What are your child's strengths? _____

What are your child's weaknesses? _____

Are you concerned about your child for any reason? _____

Is there anything else you would like to tell us about your child? _____

Parent's please be aware it is your responsible to report any and all health concerns to the school during application processing that could affect our ability to provide the best educational services to your child. (This includes but not limited to: physical, emotional, behavioral issues.) Failure to disclose such information could result in removal of your student from our school.

Please print name of person who completed the form

Signature

Date