

# Kindergarten Questionnaire



Child's full name: \_\_\_\_\_

First name to be used at school: \_\_\_\_\_

Birthday: \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_ City and zip code: \_\_\_\_\_

Parent's e-mail (if available) \_\_\_\_\_

## Family information:

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's education: \_\_\_\_\_ Father's education: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Father's occupation: \_\_\_\_\_

Current marital status of parents: \_\_\_\_\_

With whom does your child live? \_\_\_\_\_

| Other children in family | Age   | Country Oaks Teacher (if applicable) |
|--------------------------|-------|--------------------------------------|
| _____                    | _____ | _____                                |
| _____                    | _____ | _____                                |
| _____                    | _____ | _____                                |

Do you celebrate birthdays and holidays in your home? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

## Health information:

Please note any issues regarding your child's health history such as complications during pregnancy or delivery, premature delivery, hospitalizations, surgeries, etc.:

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



Please note any ongoing health concerns such as allergies, medication, vision, hearing, seizures, frequent sore throats or ear infections, etc.:

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

Has your child attended school before? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of school: \_\_\_\_\_ How many years? \_\_\_\_\_

Has your child been in daycare? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of daycare: \_\_\_\_\_ How many years? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Social information: Does your child:

- \_\_\_\_\_ Require adjustment time in new situations?
- \_\_\_\_\_ Cry easily?
- \_\_\_\_\_ Often have temper tantrums?
- \_\_\_\_\_ Usually follow directions?
- \_\_\_\_\_ Have a very short attention span?
- \_\_\_\_\_ Feel comfortable speaking to new people?
- \_\_\_\_\_ Speak clearly enough for strangers to understand?
- \_\_\_\_\_ Have concerns or fears about starting school?



Developmental information: Does your child:

- \_\_\_\_\_ Play independently?
- \_\_\_\_\_ Take a nap?
- \_\_\_\_\_ Hold a pencil or crayon properly?
- \_\_\_\_\_ Write his or her first name legibly?
- \_\_\_\_\_ Use scissors to cut paper comfortably?
- \_\_\_\_\_ Draw pictures that are recognizable?
- \_\_\_\_\_ Prefer active play?
- \_\_\_\_\_ Prefer one hand to write and draw? Left \_\_\_\_\_ Right \_\_\_\_\_
- \_\_\_\_\_ Totally take care of toileting needs?

What is your child's favorite book? \_\_\_\_\_

How often do you read it? \_\_\_\_\_

Please feel free to write any additional comments:

