Title I____ Fern Ridge School District
IEP ____ Elmira Elementary School

KINDERGARTEN QUESTIONNAIRE

Child's Name _____ Gender: M F
Child goes by _____ Birthdate: _____
Street Address_____City_____State_____Zip_____
Parent/Guardian #1_____Relationship_____
Parent/Guardian#2_____Relationship_____
Resides with_____
Sibling(s): Name_____Age_____ Name_____Age_____
Sibling(s): Name_____Age_____ Name_____Age_____
Sibling(s): Name_____Age_____ Name_____Age_____
Occupations: Mother_____ Father_____
Stepparent_____ Other_____
Are there people other than parents living in the home? Who? _____
Are there conditions within the family you would like the school/teacher to be aware of such as divorce, illness, frequent moving, trauma, etc. _____?
_____
Hand preference? Left ____ Right____ Ambidextrous____
Has your child had preschool experience? Y/N
Where? _____ How Long_____
Will your child be attending a child care facility in addition to kindergarten? Y/N
If so, where? _____
What special interests does your child have? _____
Is your child enrolled in any special group or class? _____
What are your hopes for your child in kindergarten? _____
_____
What are your concerns for your child in kindergarten? _____
_____

General Health:

Allergies (i.e. – bee stings, grass, foods, etc.) _____
Medications Y/N What? _____
Under treatment for any special condition? Y/N
For what? _____ How long? _____
Hearing issues Y/N Vision Issues Y/N Speech Issues Y/N
Does your child wear glasses? Y/N Hearing Aid? Y/N Other? _____

Language Development:

Student's first language is English? Y/N If not, what is first language? _____
Parents speak English at home? Y/N If not, what is spoken at home? _____
Does your child have difficulty expressing ideas or concepts or using language? Y/N

Social Development:

Has your child had experiences with?

Crayons	Y/N	Paper and Pencil	Y/N	Playing with Others	Y/N
Paints	Y/N	Writing Name	Y/N	Tying Shoes	Y/N
Scissors	Y/N	Naming Colors	Y/N	Riding a Bike	Y/N
Playing Ball	Y/N	Being Read to Daily	Y/N	Singing/Music	Y/N
Learning Songs, Poems, Nursery Rhymes			Y/N		

Please rate your child on the following continuums (as he/she generally behaves):

1	2	3	4	1	2	3	4	1	2	3	4
Self-controlled		Lacks Self-control		Independent			Dependent	Attentive			Inattentive
1	2	3	4	1	2	3	4	1	2	3	4
Calm body		Active body		Outgoing			Reserved	Follows Directions		Difficulties Following Directions	
1	2	3	4	1	2	3	4	1	2	3	4
Flexible		Inflexible		Cooperative		Uncooperative		Gets along with others		Trouble resolving conflicts	
1	2	3	4	1	2	3	4	1	2	3	4
Productive		Unproductive		Talkative			Quiet	Good communication		Difficulty with communication	

What kind of outings does your child do with the family? What does he or she enjoy most? _____

_____

Does your child share in family responsibilities and chores? Y/N What job(s)? _____

What ways have you found to be an effective means of disciplining your child? _____

_____

Please list your child's top three strengths. 1. _____

2._____ 3._____

Please list your child's top three challenges. 1. _____

2._____ 3._____

Please answer the following Yes/No questions regarding your child:

Cries easily	Y/N	Able to dress self	Y/N
Has temper tantrums	Y/N	Can tie shoe laces	Y/N
Is moody	Y/N	Can zip & button	Y/N
Is easily angered	Y/N	Takes care of toilet needs	Y/N
Is easily frustrated	Y/N	Can state full name	Y/N
Daydreams	Y/N	Can state address	Y/N
Is fearful in new situations	Y/N	Can recite phone number	Y/N
Has difficulty sharing	Y/N	Can recite alphabet	Y/N
Makes good eye contact	Y/N	Can count to 10	Y/N

School Adjustment:

What is your child's attitude about beginning school this year? _____

_____

Is your child able to sit still and listen to a story for ten minutes? Y/N

Does your child listen without interrupting while someone else talks? Y/N

What do you expect your child to learn in kindergarten? _____

_____

_____