

**KINDERGARTEN PARENT/GUARDIAN
QUESTIONNAIRE**

Child's Name _____

Name to be used in school _____

Birthday: 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 _____

Did the student attend preschool or pre-kindergarten? YES NO

If so, how long and where? _____

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

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

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

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- h. Cries easily, sulks, whines
- i. Does not like to share
- j. Other: _____

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

- a. Blocks (legos, building blocks, etc.)
- b. Dolls
- c. Cars
- d. Coloring books
- i. Other: _____

- e. Tools
- f. Books
- g. Puzzles
- h. Crayons, pencils

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: _____

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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: _____

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)? _____

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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 _____

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? _____

Please print name of person who completed the form

Signature

Date