



## Kindergarten 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

- 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: \_\_\_\_\_  
\_\_\_\_\_

**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)?** \_\_\_\_\_

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

**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?** \_\_\_\_\_

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**What are your child's weaknesses?** \_\_\_\_\_

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**Are you concerned about your child for any reason?** \_\_\_\_\_

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**Is there anything else you would like to tell us about your child?** \_\_\_\_\_

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Please print name of person who completed the form

Signature

Date