

Kindergarten Parent Questionnaire

Boylston Elementary School

Child's Information:

Name _____ male ___ female ___

Date of Birth _____

Home Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____

Who is completing the parent questionnaire?

mother ___ father ___ guardian ___ caregiver ___

Other, please specify _____

Family Information:

Mother's name _____

Address if different _____

Phone _____

Father's name _____

Address if different _____

Phone _____

With whom has the child lived for the most of the past year?

mother ___ father ___ guardian ___ caregiver ___

Other, please specify _____

Other children in the family _____

Which languages are spoken at home? _____

Primary _____ Secondary _____

Medical Information:

Were there any significant issues at birth that we should be aware of such as premature, seizures, etc.? _____

Does your child have any allergies? If yes, please describe. _____

Has your child had any serious injuries or hospitalizations? If yes, please explain. _____

Has your child ever had trouble seeing? _____

Has your child had frequent ear infections or trouble with hearing? _____

Does your child take daily medications? If yes, please explain. _____

Preschool Information:

Has your child attended preschool/child care before?

If yes, for how long? _____

Name of the present or most recent school _____

Is this program considered a home daycare _____ montessori _____

center based daycare _____ public or private preschool _____

Did your child experience separation issues during their previous school experience? If yes, please share your solutions to make easier transitions for you and your child. _____

We would like to send a similar questionnaire to your child's previous school. Please indicate below by typing your name to allow us to send the teacher questionnaire.

School address _____

Child Development:

Please answer yes or no to the following questions.

Can your child. . .

Dress with little assistance _____

Express their thoughts easily _____

Stay with a babysitter _____

Independently use the bathroom _____

Hop on one foot _____

Skip _____

Jump on one foot _____ two feet _____

Cut with scissors independently _____ with help _____ no interest _____

Write their first name _____ last name _____

Identify the letters of the alphabet _____

Identify the numbers to 20 _____

Count the numbers to 20 _____ to 100 _____

Does your child . . .

Play with blocks, legos, construction type toys _____

Use crayons or markers to draw/ color _____

Listen to stories _____

Turn pages of a book and look at pictures _____

Recall stories or events _____

Enjoy playing alone _____

Enjoy playing with other children _____

Follow simple, age appropriate directions _____

Watch TV 0-2 hrs _____ 2-4 hrs _____ 4-6 hrs _____ 6 + hrs _____

Please share some of your child's favorite activities.

Is there any other information you would like to share about your child?
