



Kindergarten Parent Questionnaire

Please fill out the following information and bring it with you to Kindergarten Registration.

CONTACT INFORMATION:

Student Name: _____ Birth Date: _____

Does your child have a nickname? _____

Parent/Guardian Name: _____ cell _____

Parent/Guardian Name: _____ cell _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Home Email: _____

Do you prefer to be contacted by: home phone cell phone email

Who lives at home? Adults: _____

Siblings (names & ages): _____

Other: _____

EDUCATION BACKGROUND:

Did your child attend a preschool program? Yes No

If No, please complete the attached optional survey.

If Yes, Where did your child attend preschool? _____

What hours and days did s/he attend? _____

How would you describe your child's learning style? _____

Do you have any specific concerns with your child beginning Kindergarten in the fall? _____

Describe your child's personality, sharing anything that would help to make his/her Kindergarten experience more successful: _____

Kindergarten Parent Questionnaire Continued

Name: _____

Place a check next to the following categories indicating whether you see the behavior as an area of strength or an area of concern for your son or daughter.

	Strength	Concern
Interactions with peers - ability to make and maintain friendships		
Interactions with adults or new people		
Activity Level - ability to sit still for a given period of time		
Persistence to get things done or obtain something		
Focusing with being read to, coloring, etc. for 5 minutes or more		
Self-Control of emotions and behaviors		
Problem-Solving - independently solving problems that arise		
Expressing feelings - positive and negative emotions		
Initiating Tasks - able to work independently without direction		
Following Directions - one or two step directions		

Describe strengths your child has and what s/he does well:

What is important for those working with your child to know about him or her?

Has your child ever been a part of community services or groups (Early Intervention, Head Start, playgroups at the library, etc.) _____

OTHER IMPORTANT INFORMATION:

Has your family/child experienced any major changes during the past year that may affect her/his performance? (marriages, moves, divorces, deaths, illness, etc.)? _____

Does your child have any fears/anxieties that might become evident at school? (i.e. loud noises, strangers, storms, animals, etc.)? _____

Kindergarten Parent Questionnaire Continued

Name: _____

How does s/he react and how do you comfort her/him? _____

To protect your child's privacy, state guidelines prevent administration/school nurses from sharing specific information about your child's health and medical history with faculty/staff. Is there any information about your child that you'd like to share with the classroom teacher so they can more effectively meet his/her needs? _____

Bourne Public Schools respects and celebrates our differences and encourages families to share their cultures and traditions. Is there anything your family would like to share with your child's teacher regarding your family's important traditions? _____

Optional Survey of Preschool Choice

If your child did not attend either preschool or childcare before beginning Kindergarten, please share your reasons why: (please check all that apply)

___ I chose to keep my child at home with me

___ My child was cared for by a relative, friend or nanny at home

___ I was unable to transport my child to preschool

___ I could not find a program that met my family's scheduling needs

___ I was unable to afford preschool tuition

___ I applied for Tuition Assistance, but was denied

___ I applied for assistance but was waitlisted

___ I was awarded assistance, but couldn't find a program to accept it

___ I was unaware that there was assistance available

Other:
