

Kindergarten Questionnaire

Does your child have hearing loss? No _____ Yes _____
Does your child have vision loss? No _____ Yes _____ Wears glasses _____
Does your child have any allergies? _____

Has your child had any frightening experiences we should know about? _____

What holidays does your family celebrate? _____

What time does your child:
Wake up in the morning? _____ nap? _____ go to bed at night? _____

How does your child feel about starting school? _____

How will your child be getting to and from school? _____

Which preschool did your child attend? _____

Dates attended: _____ to: _____

Teacher's Name: _____ Phone Number: _____

Do we have permission to contact this teacher? _____

Kindergarten is a grade-level where children come in with a wide range of abilities. Please pick one category that best indicates the skill set on which your child is currently working:

- _____ working on identifying letters in their name
- _____ working on recognizing letters and sounds
- _____ beginning to read words (For example: and, the, like, cat, map, pin)
- _____ is reading (For example: could read *The Cat And The Hat*)
- _____ is reading (For example: could read *The Cat And The Hat* and write a thank you note to a friend independently)

Is there anything else you would like to tell us about your child, such as special needs, special skills, experiences, or health concerns?

