

Crescent Kindergarten Parent Survey

Child's name _____

This survey is only to be used to help the teacher get to know your child better. If there are any questions you would rather not answer, please feel free. Please answer by circling the appropriate response or writing a short answer. Thank you.

Has your child attended preschool? _____ Where? _____ How long? _____

What outdoor activities does your child enjoy? _____

What indoor activities does your child enjoy? _____

Does your child enjoy stories and books? _____

Does your child get read to? _____ How often? _____

Is your child able to remember songs and rhymes? _____

Has your child had experiences with paints and crayons? _____ Scissors? _____

Do you celebrate birthdays in your home? _____

Are there any holidays in which you do not wish your child to take part? _____

Does your child have any health problems the school should be aware of? _____

Does your child have any food allergies the school should be aware of? _____

Is your child right or left handed? _____ No preference? _____

Is your child able to print his/her first name? _____

How does your child react to new and/or strange situations? _____

What kinds of problems do you have most often with your child? _____

What forms of discipline do you use most often with your child? _____

Can your child usually manage his/her own toilet needs? _____

Please describe your child (shy, outgoing, stubborn, etc.) _____

What do you see as your child's strengths? _____

Is your child able to sit still and listen to a story for at least 5 minutes? _____

Is your child able to share and take turns? _____

What do you expect your child to develop as a result of the kindergarten experience? _____

What else would you like your child's teacher to know about your child? _____

What is the best time to contact:

Mother _____

Father _____

Other caretaker (name) _____

H/office/forms/registration packet/kindergarten parent survey