Willow Springs Elementary School

Kindergarten Parent Questionnaire

Child's First and Last Name: _____

Name your child prefers to be called: _____

Gender (Male/Female): _____ **Date of Birth (Month/Day/Year):** _____

What language(s) does your child speak? _____

Sibling(s) Name(s) and Age(s): _____

Who lives in the home (mom, dad, grandparent, sister, brother):

_____

Preschool Information

My child has attended (Check all that apply):

_____ **Home Daycare Only**

_____ **Private Daycare Center (Such as Kindercare)**

_____ **Preschool (Such as Montessori)**

    How many days per week? _____

    Name of preschool? _____

_____ **No Preschool Experience**

Does your child have any special needs? _____

Social/Academic Readiness

Does your child:

     Play well with other children?   _____ Yes   _____ Sometimes   _____ Not yet

     Share and take turns?   _____ Yes   _____ Sometimes   _____ Not yet

     Make and keep friends?   _____ Yes   _____ Sometimes   _____ Not yet

     Resolve differences without hitting?   _____ Yes   _____ Sometimes   _____ Not yet

Does your child recognize and name the letters of the alphabet when shown in random order?

          _____ All   _____ Some   _____ Not yet

Can your child stay focused on one task for at least 10 minutes that is not on an electronic device or TV?

          _____Yes   _____Not yet

Does your child look at books with pictures and pretend to read?

          _____ Yes   _____ Sometimes   _____ Seldom   _____ Not yet

Can your child print his/her first name?   _____ Yes   _____ Not yet

Can your child read without any adult help?   _____ Yes   _____ Not yet

Does your child recognize and name some numbers?   _____ Yes   _____ Not yet

Can your child follow a single direction or request such as "Please pick up your toys?"

          _____ Yes   _____ Sometimes   _____ Not yet

Can your child follow a two-part direction or request such as "Please get your bicycle and put it in the garage?"   _____ Yes   _____ Sometimes   _____ Not yet

Can your child follow a three-part direction or request such as "Please turn on the light, turn off the television, and bring me the newspaper?"   _____ Yes   _____ Sometimes   _____ Not yet

Please rate your child's self-help skills on a scale of 1 - 4.   1 = NEVER and 4 = CONSISTENTLY

     Can your child: **Zip his/her coat:**

          Button his/her pants/shirt/jacket:

          Put on his/her coat:

          Toileting:

          Feed self, open lunch containers, drinks, etc.:

Is there any other information that you think would be helpful to us?