



# Willow Springs Elementary School Kindergarten Parent Questionnaire

Please complete this form and return with your registration forms.

Child's First and Last Name: \_\_\_\_\_

Name your child prefers to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Gender (Male/Female): \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

What language(s) does your child speak? \_\_\_\_\_

## 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

## Transportation Information

	Walker	By School Bus	Daycare Bus	By Car Kiss n' Ride	SACC
In the morning					
At the end of the school day					

## 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

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: 1                      2                      3                      4

Button his/her pants/shirt/jacket: 1                      2                      3                      4

Put on his/her coat: 1                      2                      3                      4

Toileting: 1                      2                      3                      4

Feed self, open lunch containers, drinks, etc. : 1                      2                      3                      4

Does your child have any special needs?

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