



# FREEMAN SCHOOL DISTRICT #358

## Kindergarten Questionnaire

Dear Parents:

Your entering kindergarten child is a unique person. Your child's life up to this time has been different from that of any other child. Everything that has happened has been a learning experience. The more we know about your child, the better able we are to help with learning in school. Will you share some information with us by answering the questions below? Completion of this questionnaire or any specific questions is entirely voluntary on your part.

\_\_\_\_\_

Your child's full name: \_\_\_\_\_

Child likes to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Sex: M F

1. Does your child dress self? ..... Yes No
2. Can your child: fasten own coat?..... Yes No  
tie own shoes? ..... Yes No
3. Does your child use (check one):  
Right hand? \_\_\_\_\_ Left hand? \_\_\_\_\_ Both? \_\_\_\_\_
4. Has your child ever had reason to be seen by an eye specialist? ..... Yes No  
If so, for what reason? \_\_\_\_\_
5. Does your child seem to have trouble hearing? ..... Yes No
6. Has your child had any ear infections? ..... Yes No
7. Can an unfamiliar person understand your child's speech?..... Yes No
8. Is your child reluctant to talk: at home? ..... Yes No  
in the presence of strangers? ..... Yes No
9. Is any language other than English spoken in your home?..... Yes No  
If so, what language? \_\_\_\_\_  
What is the major language? \_\_\_\_\_
10. Has your child attended preschool? \_\_\_\_\_

If so, how long and what type (i.e.: Cooperative Preschool, Montessori, etc)? ..... Yes No

Preschool name \_\_\_\_\_

Preschool teacher's name \_\_\_\_\_

11. Is your child interested in being read to? ..... Yes No

Is your child interested in learning to read? ..... Yes No

12. What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

13. Do you think your child learns (check one): rapidly \_\_\_\_\_ above average \_\_\_\_\_

14. What television programs does your child especially like to watch? \_\_\_\_\_

15. Does your child play with other children? ..... Yes No

16. Does your child play alone? ..... Yes No

17. Circle words best describing your child's play:

active, sedentary, boisterous, show-off, quiet, energetic

18. Are your child's feelings easily hurt? ..... Yes No

19. Does your child have temper tantrums? ..... Yes No

20. Does your child have any particular fears (i.e.: animals, water, heights, etc)? ..... Yes No

21. Are there others who frequently take care of your child? ..... Yes No

If so, who (babysitter, grandparents, etc.)? \_\_\_\_\_

22. What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

23. What you should know about our family: \_\_\_\_\_

\_\_\_\_\_

24. In kindergarten, I want my child to: \_\_\_\_\_

\_\_\_\_\_

25. List brothers and sisters below, beginning with the youngest. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_