

Kindergarten Parent/Guardian Questionnaire

Child's Name _____ Home School _____
 Address _____ Phone _____
 Male _____ Female _____ Birth date _____

Parent(s) Occupation/Place of Work/Shift
 Father: _____
 Mother: _____

Please check any of the following that apply to your child:

- _____ Had Walk-in Speech Services; Where? _____
- _____ Attended Pre-school; Where? _____
- _____ Was retained in kindergarten; Where? _____
- _____ Had a Day Care Experience; explain: _____
- _____ Is rarely left with anyone other than parent/guardian
- _____ Participates in play groups with other children near the same age
- _____ Attends organized activities (i.e., dance, T-ball, soccer, gymnastics, etc.)
- _____ List: _____
- _____ Speech/physical/social/behavioral concerns; Explain: _____

What are your child's favorite play activities and special interests? _____

How have you and your child been preparing for kindergarten? _____

<u>Tentative transportation:</u>	<u>Before School</u>	<u>After School</u>
_____ Child care facility—please name _____	_____	_____
_____ Neighborhood carpool	_____	_____
_____ Parent	_____	_____
_____ Bus	_____	_____
_____ Other, please specify _____	_____	_____