



DEPARTMENT OF CURRICULUM & INSTRUCTION

Central Kitsap School District, Silverdale, Washington 98383

KINDERGARTEN QUESTIONNAIRE

Date_____

FAMILY BACKGROUND

Child's name_____ Name to be used in school_____

Birth day_____ Home phone_____
(month) (day) (year)

Address_____ City_____ Zip_____

Mother's name_____ Occupation_____

Business phone_____

Father's name_____ Occupation_____

Business phone_____

Guardian (if not parent)_____ Relationship to child_____

<u>Other Children in Family</u>	<u>Age</u>	<u>Grade Level in School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has there been a divorce, death, or illness in the family which might affect your child?
___ Yes ___ No

How will your child be transported to school? ___ Bus ___ Walk ___ Parents

Is another language spoken in your home? If yes, what language? _____

SOCIAL EXPERIENCES

1. Has your child attended preschool? ___Yes ___No If yes, how many years?_____
2. Does your child play actively or quietly? _____
3. With whom does your child play? (Check all that apply.)
 _____ Alone _____ With older children _____ With younger children
 _____ With boys _____ With girls _____ With children of the same age
4. Would you say that your child is a leader or a follower? _____
5. What activities does your child enjoy outdoors?

6. What activities does your child enjoy indoors?

7. Does your child enjoy watching television? _____
8. Do you read to your child?_____ How often?_____
9. Is your child able to remember songs or rhymes? Yes No
10. Do you celebrate birthdays/holidays in your home?_____

Comments:_____

DEVELOPMENT

1. Does your child have any health problems the school should be aware of? (If so, what?)

2. Does your child have any food allergies?_____
3. Is your child right- or left-handed?_____
4. Is your child able to print his/her first name? _____
5. Does your child have any special problems or needs?

6. What discipline works best with your child?

7. How do you expect your child to be disciplined in school?

8. What would you say are your child's strengths?

SCHOOL ADJUSTMENT

1. What do you expect your child to acquire through the kindergarten experience?

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

3. Would you be interested in helping in the classroom? ___Yes ___No
If yes, what day is best for you?_____

4. When is the best time to meet with you? (Please circle)

Mother	morning evening	afternoon anytime
Father	morning evening	afternoon anytime
Guardian	morning evening	afternoon anytime