KINDERGARTEN PARENT QUESTIONNAIRE CHILD'S NAME (as given on birth certificate) Name to which child responds Form Completed by: 1. Babysitter's Name (if applicable) Telephone No 2. Has your child had previous school or group experience? Yes 3. Does your child ask to have a favourite story read repeatedly? Yes 4. Does your child join in when you read a story? Yes 5. Does your child use imagination to make up and recite stories? Yes 6. Does your child usually speak in sentences? 7. Do you have any concerns about your child's speech or language development? If yes, please explain - ____ 8. Is your child able to cope with new situations comfortably? If no, please explain -9. Does your child have any strong fears (monsters, animals, etc.)? If yes, please explain -10. In what ways does your child show an interest in writing? (i.e. scribbling, printing names, words, write numbers, etc.) ———— 11. What printed words does your child recognize from the environment? (i.e. Stop signs, exit signs, advertising signs, etc.) 12. Is your child right or left -handed? 13. In your home does your child have opportunities to have experience with? Crayons Glue Scissors other materials 14. To whom does your child talk with most? 15. What is your child's favourite pet or toy? 16. What does your child choose to watch on T.V.? 17. Does your child relate well to these groups? **Parents** Yes Other Adults Children 18. Have you noticed anything about your child's behaviour that impressed or concerned you? 19. State any other information that would be helpful or necessary to the Kindergarten teacher.

20.State any other information that would be helpful or necessary for the school to know. Is there any other information about your child, not covered, by this questionnaire, or which you would like the school to be aware?	
NOTE: as information changes during the year, please send a note or telephone the school to keep our records up-to-o	late.