

CONFIDENTIAL KINDERGARTEN QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____

I. Student/Family Information:

Parents' names: _____ Phone: _____

Address: _____

Current Family Structure (of child's main residence)

☐ 2 parent

☐ 2 parent (mother/stepfather) (father/stepmother)

☐ Single parent (mother)

☐ Single parent (father)

☐ Foster home

☐ Other _____

Are student's parents divorced? ☐ Yes ☐ No

Please describe contact with parent not in home: _____

Please indicate if there are any limitations regarding contact/visitation with parent not in the home: _____

Are there any family learning, health, or emotional concerns that may affect your child's performance in school? _____

Do you have any other concerns? _____

Does your child go to a sitter or day care before/after school? _____

If Yes: Name of sitter _____ Phone _____

Name of day care _____ Phone _____

II. HOME HISTORY

Please help us understand your child better by providing a description of your child in the following areas:

Relationships with family members: _____

Relationships with adults (including pre-school teachers): _____

Relationships with peers: _____

Personality/interests: _____

III. HEALTH HISTORY OF CHILD

a. Any problems during:

1. Pregnancy: _____
2. Delivery: _____
3. Neonatal Period: _____
4. Was your child ☐ premature ☐ on time ☐ past due delivery date?
If premature or past due, how many weeks? _____

b. Delays/Problems around any developmental milestones:

Crawling _____
Walking _____
Talking _____
Toilet training _____
Sleeping habits _____
Eating habits _____
Recurring illnesses/infections/fevers _____

c. Any serious accidents, hospitalizations, loss of consciousness: ☐ Yes ☐ No

If yes, please give approximate date of occurrence: _____

d. Overall health of child:

General: _____

Hearing: _____

Vision: _____

Allergies: _____

Medication: _____

e. Does your child have any physical and/or health problems that might hinder progress or mobility in school? _____

IV. SCHOOL HISTORY

Preschool(s) attended: _____

Preschool experience: _____

Is there a specific concern that you would like to discuss personally with a school staff member? _____

I would like to speak personally about my child to:

___ Kindergarten Teachers

___ Mrs. Telcie Pincelli, Principal

___ Mrs. Kelly Cave, School Nurse

___ Mrs. Tabitha Messner, Counselor

___ Mr. Rick Platt, Psychologist

Briefly describe the specific concern that you would like to discuss:

