

## Kindergarten Enrollment Questionnaire

As Kindergarten teachers, we believe the first year of school lays an important foundation for a student's future. In order for us to best meet your child's social, physical & academic needs, please complete the following information. \*\* THIS INFORMATION IS CONFIDENTIAL and is used strictly for the purpose of becoming better acquainted with you and your kindergartener. \*\* Please note: Placement is not complete without this form. Thank you!



Forward Thinking, High Achieving.

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Gender: M / F

\*Name to be used in school: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

### FAMILY BACKGROUND

#### **HOUSEHOLD #1:**

Child Lives with the Following Adults (Please include names and relations):

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#### **Other Children in the Household:**

NAME/RELATION	GENDER	AGE	GRADE
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

#### **HOUSEHOLD #2 (if applicable):**

Child Lives with the Following Adults (Please include names and relations):

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#### **Other Children in the Household:**

NAME/RELATION	GENDER	AGE	GRADE
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

Please list any special living situations that may help us understand your child's daily schedule:

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**GENERAL HEALTH INFORMATION**

Please list any medical conditions (diabetes, seizures, etc.) your child has including food and/or environmental allergies: \_\_\_\_\_

Please list any medication(s) your child takes and indicate whether they need to be administered at school:

Are you aware of any speech, vision, or hearing impairments? If so, please list:

**Has your child ever been evaluated by a professional?**    YES    NO

(Speech Therapist, OT, PT, Behavior Specialist, Psychologist, etc.) **If yes:**

Reason for evaluation: \_\_\_\_\_

Name of Specialist: \_\_\_\_\_

Location of services: \_\_\_\_\_ Date of services: \_\_\_\_\_

Is your child receiving any services now? \_\_\_\_\_

Does your child currently have an IEP? \_\_\_\_\_

**SOCIAL EXPERIENCES**

1. Has your child attended preschool? \_\_\_\_\_ For how long? \_\_\_\_\_

Name of preschool(s) attended: \_\_\_\_\_

2. Does your child play quietly or actively? \_\_\_\_\_

3. Would you say your child is a leader or a follower? \_\_\_\_\_

4. What activities does your child enjoy outdoors? \_\_\_\_\_

5. What activities does your child enjoy indoors? \_\_\_\_\_

6. Please list any organized sports, clubs or other activities in which your child has participated: \_\_\_\_\_

**Development**

1. Language(s) spoken at home: \_\_\_\_\_

2. Does your child spend time looking at books?    YES    NO

3. Do you read to your child?    YES    NO    How often? \_\_\_\_\_

4. Is your child able to remember songs and rhymes?    YES    NO

5. Is your child right or left handed?    LEFT    RIGHT    NO DOMINANCE YET

Development continued  
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**DEVELOPMENT CONTINUED**

6. Has your child had experiences with scissors?    YES    NO

7. Please circle the items your child can do independently:

button            tie shoes            snap

Zip                lace shoes            fasten

8. Does your child follow dressing, undressing, toileting and washing routines independently?    YES    NO

If no, please indicate which routines are still developing: \_\_\_\_\_  
\_\_\_\_\_

9. Is your child able to print his/her first name?    YES    NO    WITH HELP

10. How many letters in the alphabet can your child identify? \_\_\_\_\_

11. Please circle the shapes your child can identify:    circle    triangle    rectangle    square    oval

12. Please circle the colors your child can identify:

Red    orange    yellow    green    blue    purple    black    white    brown    pink

13. Does your child have a known vision-related color deficiency?            YES    NO

**SCHOOL ADJUSTMENT**

1. My child's energy level (excluding TV time) can be described as:

- A) Always on the go
- B) Sometimes able to sit for 10 minute stretches
- C) Maintains interest in one activity for 20 minutes or more

2. Does your child listen without interrupting while someone else talks?    YES    NO

3. What daily or weekly responsibilities does your child have around home? \_\_\_\_\_  
\_\_\_\_\_

4. What is your child's regular bedtime? \_\_\_\_\_

5. How many hours per night does your child typically sleep? \_\_\_\_\_

6. How many hours per day does your child:

- A) Watch television: \_\_\_\_\_
- B) Use a computer/I Pad/Smart Phone: \_\_\_\_\_
- C) Play video games: \_\_\_\_\_

7. What three words best describe your child?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

8. Please list two things that interest your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

9. Please list two things that cause your child to be easily upset:

1. \_\_\_\_\_

2. \_\_\_\_\_

10. Does your child have any fears we should know about? \_\_\_\_\_

\_\_\_\_\_

11. What are some of your child's strengths? \_\_\_\_\_

\_\_\_\_\_

12. What are some skills/areas in which your child would benefit from extra practice?

\_\_\_\_\_

\_\_\_\_\_

13. What do you hope your child will gain through the kindergarten experience?

\_\_\_\_\_

\_\_\_\_\_

14. What else would you like your child's teacher to know about him/her?

\_\_\_\_\_

\_\_\_\_\_

15. Is there anything you would like to share with us that may affect your child here at school?

\_\_\_\_\_

\_\_\_\_\_

**Please rate your child's tendencies in the following areas:**

	<b>Usually</b> (4/5 times)	<b>Sometimes</b> (3/5 times)	<b>Rarely</b> (1/5 times)	<b>Never</b> (0/5 times)	<b>Need Support?</b>
Follows rules & routines					
Can move from one activity to another easily					
Can engage in a learning activity independently for 10 minutes					
Plays well with one or more children					
Able to share & take turns					
Uses words to resolve conflict					
Seeks adult help when needed to solve conflicts					
Toilets independently					
Can state his or her full name					
Participates in group activities					
Easily separates from parents					
Tantrums easily when things do not go his/her way					
Sensitive/cries easily					

**Thank you for your time. We look forward to getting to know your child and working together with you to create a successful kindergarten year!**