

QUESTIONNAIRE FOR KINDERGARTEN PARENTS  
(RETURN BY MAY 26)

Dear Parents,

Would you please take a few minutes to answer the questions below. This will help us get to know your child better. Thank you!

Child's Name \_\_\_\_\_ (as you want him/her called at school)

Birthday \_\_\_\_\_ Age \_\_\_\_\_ (years) \_\_\_\_\_ (months)

1. Please list the names and ages of your child's brothers and sisters.
  
2. Has your child had preschool or play group experience? (Please give name of school and number of years attended.)
  
3. Does your child have any difficulties with speech?
  
4. Does your child have any health problems or allergies?
  
5. Does your child have any special interests?
  
6. Is your child afraid of anything?
  
7. What responsibilities does your child have at home?
  
8. What skills has your child acquired?
  - \_\_\_\_\_ Knows address
  - \_\_\_\_\_ Knows phone number
  - \_\_\_\_\_ Knows birthday
  - \_\_\_\_\_ Can say full name
  - \_\_\_\_\_ Can print name – first/last (Circle)
  - \_\_\_\_\_ Counts to \_\_\_\_\_ (how far?)

(Continued on back)

- \_\_\_\_\_ Knows the names of colors
  - \_\_\_\_\_ Knows the difference between right and left
  - \_\_\_\_\_ Can recognize numbers to \_\_\_\_\_
  - \_\_\_\_\_ Recognizes uppercase letters
  - \_\_\_\_\_ Recognizes lowercase letters
  - \_\_\_\_\_ Recognizes letter sounds
  - \_\_\_\_\_ Likes to listen to stories
  - \_\_\_\_\_ Is familiar with nursery rhymes/rhyming
  - \_\_\_\_\_ Can tie shoes
  - \_\_\_\_\_ Can zip own clothing
  - \_\_\_\_\_ Has experience with crayons
  - \_\_\_\_\_ Has experience with scissors
9. Would you be interested in helping in the classroom? Is there a particular day and time that is best for you?
10. Is there anything else that you would like to tell me about your child?
11. Dismissal (**Where will your child go after school and how will they get there – PLEASE BE SPECIFIC** i.e. car rider, bus rider, walker, extended day)

THINGS TO WORK ON OVER THE SUMMER:

- Recognizing letters, both upper and lower case (out of order)
- Printing first name using D'Nealian method, with only one capital letter at the beginning
- Recognizing numbers through 30
- Address and phone number

Please complete this form and return before May 26<sup>th</sup> to:

St. Pascal's School  
 Kindergarten Teachers  
 1757 Conway  
 St. Paul, MN 55106

This will be an exciting year! We look forward to getting to know you and your child.

THANK YOU!