

KINDERGARTEN QUESTIONNAIRE

The completion of this questionnaire is optional. However, your answers will help your child's kindergarten teacher to become acquainted with your child and assist in your child's adjustment to the school situation.

1. Child's Name: _____
2. Date of Birth: _____
3. What is your child's nickname, if one is used? _____
4. Has your child had previous school or play-class experience?
Yes _____ No _____ Where _____
Length of time _____
5. Which hand does your child show preference?
Right _____ Left _____ Ambidextrous _____
6. What time does he/she usually arise? _____
What time does he/she go to bed? _____
7. Does your child take a daytime nap? _____ If so, how long? _____
8. Have you taught your child to manage buttons and zippers?
Yes _____ No _____
9. Have you taught your child to put on his own coat and boots?
Yes _____ No _____
10. Is your child on a special diet or allergic to certain foods? _____

11. If you have any general information which you feel would be helpful to the teacher in understanding your child, please fill in the space below.

