

Kindergarten Questionnaire

In an effort to better understand the social, emotional, and developmental experiences your child has had in their pre-Kindergarten years, please answer these questions to the best of your abilities. Thank-you!

Student Name: _____

1. Did your child attend preschool last year? **Yes No**

If yes, the name of the preschool _____

2. Has your child attended daycare or any early childhood programs (Strong Start, Family Place, Jump Smart, etc.)? **Yes No**

If yes, which programs _____

3. Has your child received supports or a referral from child supported development (i.e. Speech and Language Support, OT/PT Support, Behaviour Intervention, Counselling)? **Yes No**

If yes, with whom? _____

4. Do you or your doctor have any questions or concerns regarding your child's developmental progress? **Yes No**

If yes, please indicate the questions/concerns _____

5. Have you ever received a referral for assessment or are in the process of assessment? (Sunny Hill, Asante Centre, etc.) **Yes No**

If yes, please indicate assessment facility _____

6. Does your child have older siblings in the school? **Yes No**

If yes, please identify name/age _____

7. What age will your child be entering Kindergarten in September? _____

8. Will your child be in before or after school care when they have started Kindergarten **Yes No**

9. Who are some friends starting Kindergarten this year?

Parent Name: _____

Signature: _____

Date: _____

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Please rate your child is in relation to other children the same age? "X" the box which best describes	Below Average	Average	Above Average
Separation anxiety/anxiety			
Physical play			
Energy level			
Compassion for others			
Transitions easily to a new task (even if the current task is incomplete)			
Is a "boss"			
Shyness			
Safety awareness			
Handles not getting his/her way			
Sharing/Turn taking			
English comprehension and oral language			
Play independently			
Focus on a given activity for up to 5 minutes			
Manage bathroom needs independently			
Follow directions			
Has tantrums			

My child ("X" beside all that apply):

Knows some letters	in CAPITAL form	in lower case form	the sounds a letter makes
Knows some numbers	1-5	1-10	1-20
Knows some basic shapes	circle	square	triangle
Knows some colours	1-3	1-5	1-10
Can print their name		Yes	No
Can put their shoes on by themselves		Yes	No
Can put their coat on by themselves		Yes	No
Recognizes their name (i.e. on jacket tag or boots)		Yes	No
Zip up their own coat		Yes	No