

## 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 any medical professionals 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.	Never	Sometimes	Always
Separation anxiety/anxiety			
Physical play (Climbing, running, jumping, rough housing)			
High 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 (circle all that apply):**

- |  |                 |                    |                         |
|--|-----------------|--------------------|-------------------------|
| Knows some letters:                                  | in CAPITAL form | in lower case form | the sounds letters make |
| 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                      |