



Kindergarten Parent Questionnaire

Please take a few moments to introduce your child to us through this questionnaire. The information you provide will be shared with the classroom teacher and other school staff members who will be working with your child. Thank you for providing this information. We look forward to meeting and working with your child.

You may complete the [form online](#).
or

You may complete the form and mail to Joni Gahm, St. Paul's School, PO Box 8100,
Brooklandville, MD 20022-8100.

Child's name _____

Name to be called _____

Date of birth _____

Name of person completing questionnaire _____, Relationship to child. _____

Names of other people living in the home. _____

Language: Language first spoken by the child _____

Language child uses most often _____

Language parents use most often _____

Please circle the response that best applies:

1. My child has participated in these activities (circle all that apply):

- | | |
|---|--------------------|
| preschool/day care | in-home child care |
| play group | organized sports |
| creative/dramatic activities
(such as dance, arts and crafts, music) | |

2. My child enjoys these activities (circle up to five):

- | | |
|----------------------|--------------------------|
| looking at books | using computer |
| playing with puzzles | watching television |
| building with blocks | imaginative play |
| playing outside | listening to stories |
| coloring | using scissors and paste |

turn page over

3. My child will ask for help when needed from a familiar adult.

often

sometimes

seldom/never

4. Someone reads to my child.

often

sometimes

seldom/never

5. My child stays interested in self-chosen activities for

20-30 minutes

10-20 minutes

5-10 minutes

6. My child separates easily from a parent.

often

sometimes

seldom/never

7. My child participates in daily family routines and chores.

often

sometimes

seldom/never

8. My child takes care of bathroom needs independently.

often

sometimes

seldom/never

9. My child enjoys playing alone.

often

sometimes

seldom/never

10. My child enjoys playing with other children his/her own age.

often

sometimes

seldom/never

11. My child has a medical concern I would like to discuss before school begins. yes no

12. This year in kindergarten, I would like for my child to _____

13. There is additional information I would like to share. yes no
