

Kindergarten - QUESTIONNAIRE -

Student Name: _____ Birthdate: _____

This questionnaire will help us get to know your child quickly in September. It is also an opportunity for us to see how far your child has come since last year! Please review the list and send it with your child when they begin school in the fall. We know that all children develop at their own pace. It is normal, and we expect, a range of abilities and development during the kindergarten years.

PLEASE CIRCLE, COMPLETE AND CHECK OFF RESPONSES



Self-Help Skills (circle)

- | | |
|--|--------|
| 1. My child washes their own hands | Yes No |
| 2. My child dresses/(un)dresses alone | Yes No |
| 3. My child can pack/unpack a bag | Yes No |
| 4. My child is toilet trained | Yes No |
| 5. My child can zip clothing | Yes No |
| 6. My child can put on their own shoes | Yes No |

Comments: _____



Academic Readiness

Literacy

- | | |
|--|--------|
| 1. My child enjoys books. | Yes No |
| 2. My child understands stories. | Yes No |
| 3. My child points to and names things in books. | Yes No |
| 4. My child enjoys retelling stories. | Yes No |
| 5. My child can recognize their name. | Yes No |
| 6. My child can identify some letters. | Yes No |
| 7. My child can print their name. | Yes No |

Mathematics

- | | |
|---|--------|
| 8. My child rote counts 5-10 __, 10+ __ | Yes No |
| 9. My child uses 1:1 correspondence | Yes No |
| 10. My child can name basic colours | Yes No |
| 11. My child can name basic shapes | Yes No |

Comments: _____

Visual/Fine Motor



- | 1. My child prefers to use... | Left Hand | Right Hand | Unsure |
|---|-----------|------------|--------|
| 2. My child can draw shapes | | | Yes No |
| 3. My child enjoys colouring | | | Yes No |
| 4. My child uses scissors to cut paper. | | | Yes No |

Comments: _____

Social Experiences



- My child is involved in: Home Childcare ____
Child Care ____ Preschool ____ Community
Programs ____ Stayed home ____ (Check all
that apply)
- In this/these setting(s), my child enjoys:

- My child's favourite social activities are:

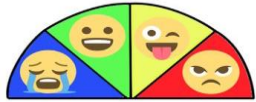


Physical Well-being and Health

- | | |
|---|--------|
| 1. My child is in good health | Yes No |
| 2. My child often falls down | Yes No |
| 3. Important health information about my child: | |
| a) Life-Threatening Allergies: | _____ |
| b) Asthma/other medical conditions: | _____ |
| c) Sleep problems: | _____ |

- d) Medications: _____
- e) Were there any concerns regarding pregnancy, delivery or infancy? Yes No
- f) Were there any concerns regarding early development? Yes No
- g) My child has had a vision test. Yes No
- h) My child wears glasses daily. Yes No
- i) My child has had many ear infections. Yes No
- j) My child has had ear tubes inserted Yes No
- k) My child has had a hearing test. Yes No

Comments: _____



Social/Emotional Needs

1. My child plays well with others. Yes No
2. My child interacts easily with adults. Yes No
3. My child uses toys safely Yes No
4. My child likes trying new activities. Yes No
5. My child is unusually shy. Yes No
6. Does your child run away, leave your side, wander? Yes No
7. I redirect my child by: _____

8. When my child doesn't get their own way: _____

9. Words to describe my child's personality: _____

10. When my child is challenged, they will: _____

11. My child faces a new situation with: _____

12. Has your child experienced any significant changes in his/her family life? Yes No
If so, what: _____

Comments: _____

Speech/Language

1. My child's first language is: _____

Other languages spoken in our home: _____

2. My child follows two step directions. (e.g., touch your nose, then clap your hands). Yes No
3. Other people usually understand my child's speech. Yes No
4. My child speaks in sentences of four or more words. Yes No
5. My child is beginning to use personal pronouns (e.g., he/she/her, him) Yes No
6. My child can verbalize personal needs such as hungry, thirsty, sleepy. Yes No
7. My child has received, is receiving, or is on a waiting list for speech and language service. Yes No
8. I have concerns about my child's speech and language. Yes No

Comments: _____

Special Services

1. Are there any community agencies currently providing support to your child? Yes No
If yes, please list the agency and describe the services provided. (e.g., CCAC, Grandview etc.). _____

Does your child have any assessment reports which can be provided to the school? Yes No

*If yes, please inform the office or your child's teachers of any conditions we should be aware of.