

Pine-Richland School District  
Kindergarten Parent Questionnaire

Child's Full Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

1. Does your child go by any nicknames? \_\_\_\_\_
2. Does your child have any siblings? If so, what are their names and ages?

Name	Age	Grade

3. Does your child have any fears that may affect him/her in class? (i.e. Storms, etc.?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have strengths and weaknesses that might affect school performance and behavior?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Did your child attend preschool? \_\_\_yes \_\_\_no

School History

Name of Preschool or School	Years Attended	Program Attended (3's/4's / Pre-K/K)

\*\*Please sign here if we have permission to contact your child's pre-school with any questions

X \_\_\_\_\_

6. Can your child use the restroom independently? \_\_\_yes \_\_\_no  
 Does your child need to be reminded frequently to use the bathroom? \_\_\_yes \_\_\_no  
 Does your child have frequent bathroom accidents? \_\_\_yes \_\_\_no

7. Knowing that all children develop at different rates in different areas, please rate your child's readiness for Kindergarten.

1=ready, 2=needs some help, 3=needs a lot of help, ?=don't know

	1	2	3	?
A. Holding a pencil, drawing, printing, cutting				
B. Able to be away from you for a few hours				
C. Sitting still / paying attention				
D. Taking turns / sharing / cooperating				
E. Knowing colors, shapes, letters, numbers				
F. Using words to communicate needs, wants, thoughts				
G. Following directions				
H. Able to cope with redirection from an adult				
I. Taking care of personal needs				

Please circle hand most often used: Left Hand or Right Hand

8. Describe a typical day for your child:

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9. Do you have social or academic concerns for your child at this time? If so please explain.

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10. What, if any, other information should we know about your child? Please include any major recent events that might be affecting your child socially or academically.

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Thank you for taking a few moments to complete the questionnaire. This information will help us assist your child in learning. All responses will be kept strictly confidential. Thank you!