

Preference for 1st week of school

AM

PM

Soldotna Elementary Kindergarten Questionnaire

We are pleased to have your child here at Soldotna Elementary. This is a questionnaire which will be used by the Kindergarten teachers to ensure students are more appropriately placed. Please take a few minutes to fill in this information. Thank you!

Child's Name: _____ M or F Date of Birth: _____
(Month-Day-Year)

Parent/Guardian Names: _____

Phone number: _____ (home) _____ (work)
Mailing _____ Physical _____
Address: _____ Address: _____

First name of child to be used at school: _____

Child lives with: _____

Tell me some things about your child that will help me to know him/her.

List family members at home and ages of brothers and sisters: _____

List friends also entering Kindergarten: _____

What responsibilities (chores) does your child have? _____

What was the first language learned by your child? _____

What language(s) is/are spoken at home? _____

Mother's occupation: _____

Father's occupation: _____

Has he/she attended preschool? _____ Where? _____

(NOTE: PLEASE COMPLETE THE OTHER SIDE OF THIS FORM)

Is your child able to: (Yes or No)

_____ Cut with scissors _____ Write name _____ Read

He/She is: _____ Right handed _____ Left handed _____ Hasn't decided

Do you have any special concerns about your child's behavior in any of the following areas?

_____ Listening/paying attention _____ Fears _____ Speech/Language
_____ Toileting _____ Sleeping _____ Discipline

Please check any of the following that usually apply to your child:

_____ gets along well with others _____ shares _____ quick to anger
_____ acts without thinking _____ clumsy _____ acts shy
_____ easily frustrated _____ cries easily _____ misunderstands
_____ is always moving _____ takes turns _____ bossy
_____ doesn't follow instructions _____ accident prone _____ difficult to soothe
_____ tries new activities _____ plays cooperatively with others
_____ sits and listens to a story for 10 minutes
_____ moves easily from one activity to another
_____ plays independently for 5-10 minutes
_____ listens without interrupting while someone else is talking

_____ Other _____

Are there any problems that may impact learning? _____

What learning goals do you have for your child in Kindergarten? _____

Have there been any big changes for your child in the last two years?

_____ Death in family _____ Sibling born _____ Family moved
_____ Someone in family seriously injured _____ Parent in jail _____ Other

Comments: _____