

SWALLOW SCHOOL DISTRICT

PARENT QUESTIONNAIRE - CHILD ENTERING KINDERGARTEN

Child's Full Name _____ Age _____ Birthdate _____

Parent's name completing this questionnaire _____

To provide Swallow School with more information about your child, please complete the following:

What special talents or skills do you think your child has? (Please give examples.)

What specific needs do you think your child has? (Please explain.)

Can you provide any information that will be helpful to your child's adjustment to kindergarten? (i.e. physical, emotional, intellectual or other special learning needs)

What are your child's favorite play activities?

Do others have difficulty understanding your child? Please explain any speech or language concerns you have.

What special lessons, activities, and/or learning opportunities has your child experienced?

Has your child attended a preschool or childcare before coming to Swallow? If yes, how long?

May we send a questionnaire like this to your child's teacher? _____ Yes _____ No

(If so, please fill out the permission form.)

Birth: _____ full term or _____ weeks premature

Complications (if any) _____

OVER
→

Put an X in the column that BEST describes your child:

My Child	No or Never	A Little or A Few	Yes, a Great Deal
Likes to pretend play/role play			
Enjoys other children & seeks them out			
Knows how to get along socially			
Others call on him/her to initiate play			
Is persistent/motivated with an interesting task			
Shows empathy for others			
Is alert or observant			
Is curious/asks lots of insightful questions			
Has an advanced vocabulary for age			
Can retell a simple story			
Learns rapidly/easily			
Began talking before age peers			
Can adapt easily to changes in routine			
Is able to tell a personal experience in a logical sequence			
Is able to follow 2 & 3 step directions without reminders			
Is curious about his/her world			

Other comments: