PARENT SURVEYS AT KINDERGARTEN ENTRY

EXAMPLES OF QUESTIONNAIRES IN USE BY DIFFERENT SCHOOLS
SHOWING THE RANGE OF INFORMATION THAT CAN BE GATHERED FROM
PARENTS AT THE TIME OF KINDERGARTEN ENTRY

Child and Family Policy Center

December, 2014

[Note: These were used in developing the BUILD Initiative’s Families Know Best Policy Brief]
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Included in this compendium are a number of parent surveys about their children at the time of kindergarten entry, developed by different local schools or districts. Most are two pages in length and these are designed to be completed by parents at the time of kindergarten entry.

1. Chesterfield County Kindergarten Parent Questionnaire
2. Boston Kindergarten Parent Question
3. Cypress School District Kindergarten Parent Survey
4. Kings Park Kindergarten Parent Questionnaire
5. Kindergarten Readiness Summer Academy Parent Questionnaire
6. Rochester Play! Parent Questionnaire
7. Plymouth Public Schools Kindergarten Parent Questionnaire
8. Granby Kindergarten Parent Questionnaire
9. New York City Moving to Kindergarten Parent Questionnaire (4 pages)
10. Stone Ranch Parent Questionnaire (3 pages)

In addition, schools or communities may provide parents with checklists or tip sheets or other materials indicating what they would like children to know and be able to do at the time of kindergarten entry, frequently with additional tips to parents on how they can support their child's acquisition of skills. Two of these are provided, as well.

11. Polk County, Iowa "Getting Ready for Kindergarten Checklist (part of a calendar that also includes month-by-month activities).
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.

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

3. My child will ask for help when needed from a familiar adult.
   - often  sometimes  seldom/never

   turn page over
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

   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

   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
    Optional comments__________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
Kindergarten Parent Questionnaire

Please take a few minutes to answer the questions below and then return the completed form to your child's new kindergarten teacher. This questionnaire will help the teacher get to know your child better and help inform instruction. Thank you!

CHILD NAME: ____________________________ BIRTHDAY: ________________

PLACE OF BIRTH: ______________________ AGE: ______

1. Please list the names and ages of your child's brothers and sisters or other children in the home.

2. What is the primary language spoken in your home? Are there any other languages spoken? Does your child know more than one language?

3. With whom does your child live (i.e. mom, dad, mom and dad, grandmother, other)?

4. Is your child toilet trained? If no, where is he or she in the process?

5. What time does your child typically go to bed?

6. What responsibilities does your child have at home?
7. Please list any fears your child may have (dogs, being alone, etc).

8. What comforts your child when he/she is upset?

9. What are your child’s interests and hobbies?

10. Is there anything else you would like to share about your child (daily routines, likes/dislikes)?

11. Does your child have any allergies? Please list.

12. Does your family have special celebrations that you’d like to share with the class?

13. Has your child had previous experience in a preschool or daycare setting? If yes, please include the name of the center or school.

14. What are your expectations for the Kindergarten program? What specific things would you like to see happen this year?

15. Please share something special about your child with me.

If there is any other important information you would like to share in a more confidential manner, please feel free to set up an appointment with your child’s teacher.

Best wishes for an exciting year ahead! Thank you for taking the time to fill out this questionnaire.
CYPRESS SCHOOL DISTRICT
Education Services Division

KINDERGARTEN PARENT QUESTIONNAIRE

Dear Parent(s):

The first days of school are big moments in your child’s life. It is the purpose of the school to make these experiences happy, constructive and enduring. The more we understand your child, the greater the possibility of insuring the success of your child first school experiences.

You know your child; we have not had the opportunity. In order that we may serve your child well, would you assist us in more rapidly becoming acquainted with your child by responding to the following questions. We will now, and in the future, be glad to have you amplify this information in any way that will assist us to better educate your child.

Child’s legal name: ___________________________ Name child goes by ___________________________

I. General Information
   A. Child’s birth date:
   B. Sex of child: □ Female □ Male
   C. Names and ages of brothers and sisters:
      Name: ___________________________ Age: _____
      Name: ___________________________ Age: _____
   D. Does he/she have any special health problems of which the school should be aware?
      Please explain: _________________________________________________________________
   E. Is he/she right-handed or left-handed? ___________________________
   F. Does he/she have any noticeable speech problems? □ Yes □ No
      If yes, please explain: _________________________________________________________
   G. Is more than one language spoken at home? □ Yes □ No If yes, what language? ________________
      _________________________________________________________________

II. Experiences
   A. What special interests does he/she have?
   B. Does your child have pet(s)? □ Yes □ No What kind(s)? ___________________________
   C. How many hours a day does he/she watch TV? ___________________________
      What kind of programs? ______________________________________________________
   D. Has your child traveled by: □ plane □ ship □ train □ bus
   E. Has your child been to: □ a large zoo □ a large park □ a museum □ a circus performance
      □ baseball game □ basketball game □ football game
   F. Does he/she put on and button clothes □ Yes □ No Lace his own shoes □ Yes □ No
G. Does he/she like to: ☐ skip  ☐ hop  ☐ gallop
H. Does he/she toss and catch a ball? ☐ Yes ☐ No
I. Does he/she use crayons? ☐ Yes ☐ No
J. Does he/she seem afraid of: ☐ animals  ☐ storms  ☐ the dark
K. Does your child tell familiar stories (Three Bears)? ☐ Yes ☐ No
L. Does your child ask you words (from books, signs, cereal boxes)? ☐ Yes ☐ No
M. Has your child had any formal preschool experiences? ☐ Yes ☐ No
   What kind?

III. Parent Involvement
   A. Would you be available to observe beginning reading techniques in the classroom? ☐ Yes ☐ No
   B. Would you be able to work voluntarily in the classroom with children on a regularly scheduled basis? ☐ Yes ☐ No
   C. Would be able to work voluntarily on a special activities committee (cut and paste materials at school or home for classroom use)? ☐ Yes ☐ No
   D. Would you be able to accompany the class on field trips and assist with the children? ☐ Yes ☐ No
   E. Are you interested in being a community resource aide (example - talk to children about a specific unit of study)? ☐ Yes ☐ No What area would you be willing to talk about to the class?

IV. Additional comments: __________________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

________________________  _______________________
Parent Signature          Date
KINGS PARK KINDERGARTEN PARENT QUESTIONNAIRE

Please help the Kings Park staff learn as much as we can about your child so that your child's kindergarten year can be a most successful one!

CHILD'S NAME: ____________________________________________________________

GENDER (male/female): ______________________________________________________

BIRTHDATE (month/day/year): ________________________________________________

SUBDIVISION (such as Lakepointe, Queensgate, Cardinal Estates):

___________________________________________________________________________

SIBLINGS (name/age):

___________________________________________________________________________

• What name does your child prefer?

• Does your child attend (check all that apply):
  □ Home daycare
  □ Commercial daycare (such as Children’s World, KinderCare)
  □ Preschool

• How many days a week?

• Name of school?

• Does your child speak a language other than English? □ Yes □ No

• If yes, what language(s)? ________________________________________________

• Does your child:
  Play well with other children? □ Yes □ Sometimes □ Not yet
  Share and take turns? □ Yes □ Sometimes □ Not yet
  Make and keep friends? □ Yes □ Sometimes □ Not yet
  Resolve differences without hitting? □ Yes □ Sometimes □ Not yet

Comments:

___________________________________________________________________________

• Does your child recognize and name the letters of the alphabet when shown in random order? □ All □ Some □ Not yet

___________________________________________________________________________

PLEASE CONTINUE
• Does your child look at books with pictures and pretend to read?
  □ Yes  □ Sometimes  □ Seldom  □ Not yet

• Can your child print his/her first name? □ Yes  □ Sometimes  □ Not yet
  If yes, please list the title of a book your child can read:

• Does your child recognize and name some numbers? □ Yes  □ Sometimes  □ Not yet

• Can your child accurately count a group of ten objects?
  □ Yes  □ Sometimes  □ Not yet

• Can your child follow:
  A single direction or request ("Please pick up your toys")
  □ Yes  □ Sometimes  □ Not yet

  A two-part direction or request ("Please get your bicycle and put it in the garage")
  □ Yes  □ Sometimes  □ Not yet

  A three-part direction or request ("Please turn on the light, turn off the television, and bring me the newspaper")
  □ Yes  □ Sometimes  □ Not yet

• Does your child have any special areas of interest and/or need?

• Is there anything else you feel we should know as we work with your child?

THANK YOU! WE'RE LOOKING FORWARD TO A GREAT YEAR!
KINDERGARTEN READINESS SUMMER ACADEMY

PARENT QUESTIONNAIRE

Child’s Name __________________________________________________________

Parent/Guardian’s name _____________________________________________________________________________________________

Phone Number ________________________________________________________________________________________________

Address _______________________________________________________________________________________________________

1. Does your child have any preschool experience? (circle one)
   Yes   No

2. Can your child draw recognizable pictures? Yes   No

3. Can your child print all or part of his/her name? Yes   No

4. Does your child show interest in books? Yes   No

5. Does your child play comfortably and successfully with others? Yes   No

6. Does your child have the ability to dress/undress by themselves? Yes   No

7. Can your child name the colors? Yes   No

8. Can your child count objects up to 5? Yes   No

9. Does your child sing simple songs? Yes   No

10. Does your child invite others into his/her play? Yes   No

11. Does your child show interest in playing with others? Yes   No

12. Does your child have the ability to follow 2-3 part directions? (For example, “Go to your room, get your shoes and put them on.”)
    Yes   No

13. Can your child hold and use a scissors correctly? Yes   No

14. Can your child hold a pencil with a 3-finger grasp or a grip that is comfortable and effective for him/her? Yes   No

15. Can your child listen to a story from beginning to end? Yes   No

16. Can your child recognize his/her name in print? Yes   No

17. Is your child usually cooperative? Yes   No

18. Does your child seem fearful or anxious when you are leaving? Yes   No

19. My child uses pencils/crayons/markers: often   occasionally   never

20. My child uses scissors: often   occasionally   never

(over)
My child’s strengths:

Areas in which I would like my child to improve:

PLEASE INDICATE THE AREA(S) YOU FEEL YOUR CHILD NEEDS EXTRA ATTENTION.

____ Participation in a group
____ Book Handling
____ Socialization in group setting

____ Fine Motor Skills
____ Exposure to Literature
____ Self-help skills

____ Language Skills
____ Beginning counting
____ Boosting self-confidence
ROCHESTER PLAY! PARENT QUESTIONNAIRE
“Learning about our most important customer.”
Child Information

Child’s Name ___________________________________________ Date of Birth _______________________

Parents’ Name _________________________________________ Date of Registration ____________________

Note to Parents: The information we are requesting below will help us understand your child better
And will further sensitize us to his/her needs.

SCHOOL EXPERIENCE

1. Has your child ever attended a child care or preschool? Yes or No Name of school(s) they attend(ed):

_________________________________________________________________________________________

2. How old was your child when he/she entered? __________________________

_________________________________________________________________________________________

3. Full day or half day? ________________________________________________

_________________________________________________________________________________________

4. Was it difficult for your child to leave you when being dropped off? __________________________

_________________________________________________________________________________________

5. How did he/she like the child care or preschool experience? _______________________________________________________________________

_________________________________________________________________________________________

6. What observations did the child care/ preschool share with you about your child? ______________________

_________________________________________________________________________________________

7. What special help or services did your child receive at preschool? ______________________________________________________________________

_________________________________________________________________________________________

8. How does your child feel about being left? ______________________________

_________________________________________________________________________________________

9. What insights do you have about your child that would be helpful for the Rochester Play! caregivers? 

_________________________________________________________________________________________

_________________________________________________________________________________________

10. Are there any difficulties you anticipate your child having while being in Rochester Plays care? ______

_________________________________________________________________________________________

_________________________________________________________________________________________

11. What are your child’s interests? _____________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

12. What are your child’s strengths? _____________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

PLEASE TURN OVER
HOME AND FAMILY INFORMATION

1. Were there any difficulties with your pregnancy of delivery with your child? If yes, please explain: ____________________________

2. Are there any recent life events that have occurred in your family? Please check any that apply:

   Move _____ New Sibling _____ Divorce _____ Other: ____________________________

3. Does your child have brothers or sisters? Please list.

   NAME: ____________________________________________ Sex: _____ Age: _____
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. Is your child a member of a (check one) _____ two parent family?
   _____ single parent family?
   _____ step or remarried family?

   **If there are custody papers for your child, we need those on file to adhere to them properly.

5. What language did your child first learn to speak? ____________________________________________

6. What language do you consider to be the language your child is most comfortable speaking and understanding? ____________________________

7. What language do you speak in your home? ____________________________________________

8. Father’s occupation? ____________________________________________
   Mother’s occupation? ____________________________________________

9. What would you like your child’s caregiver to know about how your child expresses his/her feelings?
   ____________________________________________

10. What is your child’s reaction to stress? Please check any that apply.
    
    _____ Cries
    _____ Headache
    _____ Stomach Ache
    _____ Bites
    _____ Other: ____________________________

11. Parent concerns: If you would like to meet with any of the following people to discuss any concerns, please check below and we will have the person contact you for a meeting.
   _____ Teacher _____ Director _____ Other:(explain) ____________________________

12. Is there anything else you feel we need to know about? ____________________________
# Kindergarten Parent Questionnaire

**Date:** __________________________   **Interviewer:** __________________________
**Child's Name:** __________________________
  Last  First  Middle
**Address:**
  Street Address
  Mailing Address (if different)
  Town  State  Zip
**Date of Birth:** __________________________
  Month / Day / Year
**Home Phone:** __________________________
  Father / Mother / Guardian (Circle One)
**Cell Phone:** __________________________
  Father / Mother / Guardian (Circle One)
**Work Phone:** __________________________
  Father / Mother / Guardian (Circle One)

### SCHOOL HISTORY
- Has the child attended school before? □ Yes □ No
- If "Yes," name of school: __________________________
- Dates of attendance: __________________________
- Number of days per week: __________________________
- Describe your child. Is your child: □ Friendly
  □ Determined  □ Cooperative  □ Shy
  □ Very Active  □ Independent  □ Self-Motivated

### FAMILY BACKGROUND
- Father's Name: __________________________
  Occupation: __________________________
- Mother's Name: __________________________
  Occupation: __________________________
- Parents are: □ Married □ Separated
  □ Divorced □ Single
  □ Widowed
- Child's status in family: □ Oldest □ Middle
  □ Youngest □ Only
- Other children and/or family members:
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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What are his/her favorite toys and activities?

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## Kindergarten Parent Questionnaire

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<thead>
<tr>
<th>DEVELOPMENTAL HISTORY</th>
<th>DAILY HABITS</th>
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<tbody>
<tr>
<td>1. Has your child been screened or evaluated before?</td>
<td>1. Does your child play with children outside the family?</td>
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<tr>
<td>□ Yes □ No If “Yes,” by whom:</td>
<td>□ Yes □ No</td>
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<td>2. Does he/she prefer to play with younger children?</td>
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<td>□ Yes □ No</td>
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<td>2. Child’s birth weight:</td>
<td>3. Does your child like to be read to?</td>
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<td>□ Yes □ No</td>
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<td>3. As an infant, your child was: □ Active □ Quiet</td>
<td>If “Yes,” by whom?</td>
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<td>4. At what age did your child:</td>
<td>4. Does your child have a responsibility at home?</td>
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<td>▪ sit without support?</td>
<td>□ Yes □ No</td>
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<td>▪ walk without help?</td>
<td>If “Yes,” explain:</td>
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<td>▪ use single words with meaning?</td>
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<td>5. Has your child ever been seriously ill?</td>
<td>5. Does your child dress him/herself, handle zippers, pick up his/her toys?</td>
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<td>□ Yes □ No If “Yes,” explain:</td>
<td>□ Yes □ No</td>
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<tr>
<td>6. Was your child ever hospitalized?</td>
<td>6. Has there been any significant or upsetting event in your child’s life?</td>
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<td>□ Yes □ No If “Yes,” how long?</td>
<td>□ Yes □ No</td>
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<tr>
<td>At what age? □□□□ Why?</td>
<td>If “Yes,” explain:</td>
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<tr>
<td>7. Does your child have any problems (e.g. allergies):</td>
<td>7. Is there anything else that you would like us to know about your child?</td>
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<tr>
<td>□ Yes □ No If “Yes,” explain:</td>
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<tr>
<td>8. Does your child have tantrums? □ Yes □ No</td>
<td>8. How does your child feel about starting kindergarten?</td>
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<td>If “Yes,” how do you manage your child on these occasions?</td>
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</tbody>
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GRANBY KINDERGARTEN PARENT QUESTIONNAIRE

Please help us get to know your child by accurately completing the questions below.

Child's Name: ____________________________________________
(as you want him/her called at school)

Birthday: _______________ Age: _____ Years _____ Months

1. Names and ages of brothers and sisters.

2. Has your child attended preschool, daycare or a play group?

   Name of school or daycare center: ________________________________________________

   Length of time at school/daycare center: __________________________________________

   Please describe your child's experience at their preschool/daycare center: __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

I give permission for the kindergarten teacher to contact my child's previous school to request information about his/her early learning experiences.

__________________________________________ Date: ________________

(Parent's Signature)

3. Are you concerned about your child's speech development? If yes, explain.

4. Do you have any concerns or information that should be shared regarding your child’s behavior, maturity, or social skills?

5. Does your child have a special hobby or interest?

6. Does your child have any fears we need to be aware of?

7. What chores does your child do at home?

(over)
8. Does your child like to read or have stories read to him/her?

9. If your child is reading, how was he/she taught to do so and for how long has he/she been reading?

10. Do you see your child as a happy child?

11. What skills have you helped your child acquire?
   - _____ Saying Address
   - _____ Saying Phone Number
   - _____ Saying Full Name
   - _____ Printing Full Name
   - _____ Counting (How far?)
   - _____ Knowing Right and Left
   - _____ Naming Colors
   - _____ Tying Shoes
   - _____ Buttoning
   - _____ Zipping
   - _____ Counting Money
   - _____ Telling time
   - _____ Recognizing Letters of Alphabet
   - _____ Reciting Nursery Rhymes
   - _____ Adjusting to New People and Places
   - _____ Riding a Bicycle

12. What are your hopes for your child’s kindergarten experience?

13. Do you have any special skills or talents which might be helpful in our Kindergarten program? If so, would you like to share them with the class in some way?

14. Would you be interested in being a parent volunteer in our classroom? If interested, please write down your telephone number and the day(s) you are available.

15. Is there anything else you would like to tell us about your child?

Your interest and cooperation is appreciated. This information about your child is very important and helpful to us as we plan educational experiences for the kindergarten classroom. We are looking forward to working with you and your child this coming year.
moving to kindergarten

(My Child’s Profile)
Ask your child to make a picture of him/herself.

ARTIST’S NAME:
Invite your child to write his/her name as best as he/she can, or feel free to write it for him/her.

CHILD’S NAME ________________________________

CHILD’S DATE OF BIRTH ______/_____/_______

TODAY’S DATE ______/_____/_______
TELL US MORE ...  
Answer the questions you like best!

1 More family information  
Who are the most important people to your child?

Do you have any family pets?  
If so, what kind, and what are their names?

CHANGES IN FAMILIES AFFECT CHILDREN IN DIFFERENT WAYS:  
Have there been any changes in your family in the last year? Do you anticipate any big changes in the upcoming year? How does your child react when things change?

What else do you want your child’s teacher to know about you or your family?

2 More health information  
What is your child’s favorite food? Least favorite?

What is your child’s sleeping routine like?

What kinds of illnesses has your child experienced in the last 6 months (e.g. pinkeye, cold, stomachaches)?

 Does your child have any other medical or health needs (e.g. nightmares, constipation) that you would like the teacher to know about?
Tell us more about your child's previous school and other experiences

Who cares for your child when you are not with him/her?

Do you think that other children your child knows will be attending this school or kindergarten class?

When you talked to your child about kindergarten or school, what questions has he/she had? What questions do you have?

Sometimes, parents are as nervous about their children starting school as their children might be. What are your concerns or worries?

What places has your child been that s/he would like to visit again?

Tell us more about your child's personality and interests

List 3-5 words that describe your child.

When your child plays alone, what kinds of things does he/she like to do? What about when your child plays with others – what are his/her activities of choice with friends or playmates?

Five-year-old children exhibit a range of behaviors when they’re angry. How does your child express anger? What about when he/she is disappointed? Frustrated? Afraid?

Does your child have any very strong interests in particular things (for example: trains, dinosaurs, dolls)?

What else would you like your child’s teacher to know about your child’s personality, interests, or needs?
Who lives in your household (siblings, extended family, etc.)?

Does your child have any medical conditions?

Does your child have any allergies?

Does your child have any dietary restrictions?

How do you know that your child is getting sick?

How does your child do when he/she separates from you? Does he/she have a favorite toy or book that helps him/her in these kinds of situations?

It is important for adults in your child's life to be able to comfort him/her. What are the best ways to comfort your child when he/she becomes uncomfortable or upset?

What is your child's favorite book?

If your child attends/has attended child care, preschool, or Head Start, what were his/her experiences like there?

Where did your child attend?

**PARENTS' NAMES**

**ADDRESS**

**PHONE NUMBERS**

**E-MAIL**

*New York City Early Childhood Professional Development Institute*

*Developing Adults Working with Developing Children*
Kindergarten Parent Questionnaire
Please return this form with your registration papers.

Child’s Name ________________________ Birthday ______________ Male/Female (circle one)

This questionnaire will be given to your child’s new teacher to help her become acquainted with your child and plan the first few weeks of kindergarten instruction. Your child is not required to master the skills on this questionnaire to begin kindergarten. Please answer each question as best as you can and thank you for taking the time to complete the questionnaire!

Your child must be five years old on or before December 2, 2012 to be registered for school starting in August. It is your decision whether or not to delay kindergarten entrance for another year. If you are unsure whether to enroll your child in kindergarten, the child’s preschool teacher is a valuable source of information about your child’s kindergarten readiness. It is important to remember language, cognitive, social-emotional, and motor development of young children are complex and individual processes that do not occur at an incremental, uniform pace. You should consider your child’s individual progress in these areas when making the decision to begin kindergarten and be assured that the Stone Ranch teaching staff is committed to providing differentiated instruction to meet the needs of all students.

1. In the past year, has your child participated in... (please check all that apply)
   ____ In-home daycare (outside of your home)
   ____ Commercial daycare  Name of daycare ______________________
   ____ Preschool  Name of Preschool ______________________
   ____ Stay at home
   ____ Other ______________________ (please specify)

2. What language does your child speak most of the time? ______________________

3. Are there other children living in your home? yes/no (circle one) If yes, what are their ages? ______

4. Will your child attend after-school daycare once kindergarten goes to full day? yes/no (circle one)
   If so, please specify: ESS Boys & Girls Club other? ______________________

This part of the questionnaire is based on the Desired Results Developmental Profile, which contains developmental skills that lead to kindergarten standards. Please put a checkmark in the appropriate box that best describes your child for each question.

<table>
<thead>
<tr>
<th>Communication</th>
<th>Not yet</th>
<th>Emerging</th>
<th>Almost Mastered</th>
<th>Fully Mastered</th>
</tr>
</thead>
<tbody>
<tr>
<td>(but we know it will happen)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Follows two-step requests that are sequential, but not necessarily related</td>
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<tr>
<td>(e.g. “Please pick up the ball AND then go get your coat.”)</td>
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<tr>
<td>2. Engages in conversation (e.g. tells about a past event or asks how</td>
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<tr>
<td>something works)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Can express his/her needs and feelings</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

When prompted
### Interpersonal Skills

<table>
<thead>
<tr>
<th>Not yet (but we know it will happen)</th>
<th>Emerging (can do with support or when prompted)</th>
<th>Almost Mastered (most of the time)</th>
<th>Fully Mastered (always)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Responds to and makes verbal greetings at appropriate times (says &quot;good morning&quot; or &quot;hi&quot; if prompted by a familiar adult)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cooperates with peers during play</td>
<td>With support</td>
<td></td>
<td></td>
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<tr>
<td>3. Negotiates with peers to resolve conflicts without physical contact (e.g., agrees to sharing and taking turns)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Uses kind words with others</td>
<td>With support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Exhibits impulse control and self-regulation (e.g., uses appropriate words to show anger when a toy is taken by another child and shows some patience when waiting for his/her turn)</td>
<td></td>
<td></td>
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<tr>
<td>6. Follows rules when participating in routine activities (e.g., joins group for circle time, tolerates transitions)</td>
<td></td>
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</tbody>
</table>

### Demonstrates Emerging Independence

<table>
<thead>
<tr>
<th>Not yet</th>
<th>Emerging</th>
<th>Almost Mastered</th>
<th>Fully Mastered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can say first and last name when asked</td>
<td></td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>2. Uses the bathroom, wipes, and washes hands independently</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Knows his/her birthday when asked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Knows his/her phone number when asked</td>
<td></td>
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</tbody>
</table>

### Emerging Mathematical Skills

<table>
<thead>
<tr>
<th>Not yet</th>
<th>Emerging</th>
<th>Almost Mastered</th>
<th>Fully Mastered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recites numbers from 1-10 (&lt;2)</td>
<td>(2-5)</td>
<td>(6-10)</td>
<td>(&gt;10)</td>
</tr>
<tr>
<td>2. Uses size words like &quot;many,&quot; &quot;big,&quot; and &quot;little&quot; appropriately</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Understands that numbers represent quantity (e.g., can get three apples out of a bag)</td>
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<td></td>
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<tr>
<td>4. Describes how items are the same or different</td>
<td></td>
<td></td>
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<tr>
<td>5. Matches and names simple patterns (e.g., red-blue-red-blue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Can identify common shapes (e.g., square, rectangle, triangle) (&lt;2)</td>
<td>(2-5)</td>
<td>(6-10)</td>
<td>(&gt;10)</td>
</tr>
<tr>
<td>7. Can identify ten colors (&lt;2)</td>
<td>(2-5)</td>
<td>(6-10)</td>
<td>(&gt;10)</td>
</tr>
</tbody>
</table>

### Emerging Literacy Skills

<table>
<thead>
<tr>
<th>Not yet</th>
<th>Emerging</th>
<th>Almost Mastered</th>
<th>Fully Mastered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understands that letters make up words (e.g., knows some of the letters in his or her name) (&lt;10)</td>
<td>(11-19)</td>
<td>(20-25)</td>
<td>(28)</td>
</tr>
<tr>
<td>2. Recognizes print in the environment (e.g., signs at stores)</td>
<td></td>
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<tr>
<td>3. Makes letter-sound correspondences (e.g., &quot;b&quot; says /b/) (&lt;10)</td>
<td>(11-19)</td>
<td>(20-25)</td>
<td>(28)</td>
</tr>
<tr>
<td>4. Recognizes and names all the letters in the alphabet in random order</td>
<td></td>
<td></td>
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<tr>
<td>5. Can write his/her name without support</td>
<td>With support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Can write some words independently</td>
<td>(2)</td>
<td>(2-10)</td>
<td>(&gt;10)</td>
</tr>
<tr>
<td>Large and Small Motor Skills</td>
<td>Not yet (but we know it will happen)</td>
<td>Emerging (can do with support or when prompted)</td>
<td>Almost Mastered (most of the time)</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>1. Jumps forward with both feet together</td>
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<td></td>
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<tr>
<td>2. Kicks a large ball</td>
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<tr>
<td>3. Gets dressed with minimal help</td>
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<td></td>
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<tr>
<td>4. Skips or gallops</td>
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<tr>
<td>5. Manipulates two small objects at the same time (e.g., stringing beads, Legos)</td>
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<tr>
<td>6. Uses tools with increasing precision (e.g., crayons, scissors, glue)</td>
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<tr>
<td>7. Fastens buttons and zips zippers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Ties shoes</td>
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</tbody>
</table>

As we work together to ensure your child starts the kindergarten year off right, is there anything else you would like us to know? (e.g., likes, dislikes, things they are good at, skills, fears, allergies, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you! We are looking forward to a great year!
A Calendar of Family Activities
September 2013 - August 2014

Getting Ready for Kindergarten
**Skills**

**Communication, Language and Literacy:**
- Recognizes and names some letters of the alphabet and is beginning to spell word sounds.
- Recognizes first letter of own name. Recognizes other words that begin with that letter.
- Recognizes rhymes. Rhymes are words that sound similar. Knows that words are what you read.
- Expresses an idea.
- Uses pencils, crayons, and paper. Can scribble and make letter-like shapes to express ideas.
- Speaks clearly and in complete sentences so others can understand.
- ``Get your shoes, get your coat and go to the door.`` 
- Understands and can follow short, two- or three-step directions, such as, ``Show me a green toy."

**Social and Emotional Development:**
- Others and can change behavior when asked.
- Respects and shows concern for others. Works and plays without bothering others.
- Able to sit still and take turns taking and playing with toys.
- Can adjust to new people and places.
- Shares the toys.

**Physical Health and Development:**
- Visits the doctor and dentist regularly. 
- Heals are checked and treated if needed.
- Wears a seat belt and a helmet when riding a bicycle.
- Eats a healthy meal.
- Washes hands. 
- Runs, jumps, and hops.
- Throws, catches, and bounces a ball.
Practice these skills at home with your child activities that are interesting and fun. She is spending time with you and doing learning. Your child learns best when he or she is engaged and active. Play is an important part of learning.

<table>
<thead>
<tr>
<th>General Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes colors and recognizes simple shapes, such as triangle, square.</td>
</tr>
<tr>
<td>Completes simple puzzles of four to six pieces.</td>
</tr>
<tr>
<td>Names things that go together, like a spoon and fork are for eating.</td>
</tr>
<tr>
<td>Counts up to 20 and can count objects, such as bananas, up to at least 10.</td>
</tr>
<tr>
<td>Knows and says full name and knows if they are a boy or girl.</td>
</tr>
</tbody>
</table>

Problem Solving Skills

Approaches to Learning:

- Shows joy in finishing activities and can handle frustration.
- Asks adults and friends questions.
- Is excited about learning. Asks questions about the world around him or her.

There are a variety of resources available in the community to help. Additional or special help in gaining these school readiness skills is necessary in areas of learning and development where young children can benefit from many ideas and tools for helping children learn in all these areas. There can be many ideas and tools for helping children learn in all these areas. There can be particular areas where their children might need additional attention. This calendar provides parents with a checklist to determine if there are particular areas of the things on this checklist or be making real progress to getting there.

This checklist has been developed by the Des Moines Public School District.
Notice if he or she draws three sizes of goats.

Suggest that your child draw pictures of the three Billy Goat Gruff.

Middle Billy Goat and the Big Billy Goat

Have your child show you the pictures of the little Billy Goat the

Read or tell the story The Three Billy Goat Gruff.

Of different sizes.

Read or tell stories which have characters

child to tell you what he or she thinks is happening in each picture.

example: Let your child look at the pictures one at a time. Ask your

playing together a family in a car or a team playing a sport for

Collect magazine pictures which show action pictures of children

Use pictures to encourage your child to express ideas.

Talk with your child about some things each of you did that day.

At home together

Turn off the TV and spend some time talking with your child.

That day

Listen to your child tell you something he or she enjoyed doing

What might happen when you get there.

Encourage your child to talk about where you are going and

Are going places together

Turn of the radio or CD player in your car as you say and your child.

While traveling together

Take time each day to listen to and talk with your child.

Encourage your child to listen to and use language to express ideas.

February
10 THINGS YOUR CHILD NEEDS TO KNOW BEFORE KINDERGARTEN
DOES YOUR CHILD HAVE PATIENCE?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Play freeze tag.
- Give a small treat to the child who can sit still the longest.
- Teach your child how to walk up to pets.

DOES YOUR CHILD SHARE WITH OTHERS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Play board or card games.
- Get two different ice cream cones, and then ask to trade a bite for a bite.
- Color in a picture together using only two or three crayons.
CAN YOUR CHILD TALK ABOUT 
THOUGHTS AND FEELINGS?

IF NOT, HERE ARE SOME WAYS TO HELP:

• When your child is upset, sit in a chair snuggling with

  him or her, ask how they feel, and listen for their

  answer.

• When watching TV together, ask questions like, “Why do

  you think the little girl is crying?”

• Ask him to draw what his child has seen, things that

  happened, or things that made him or her happy.

CAN YOUR CHILD GET DRESSED, PUT 
ON A COAT, USE THE BATHROOM, 
WITHOUT HELP?

IF NOT, HERE ARE SOME WAYS TO HELP:

• Play dress-up together.

• Pull a zipper off an old pair of pants and have the children

  practice with it.

• Let your child get dressed and undressed by him or

  herself — as much as he or she can do without help.
DOES YOUR CHILD DO WELL IN NEW SITUATIONS?

IF NOT, THERE ARE ALL SORTS OF PLACES IN THE QUAD CITIES YOU CAN GO FOR FREE:

- Davenport spray Park and Rock Island’s Schweibert Park
- The gardens and duck pond at Vander Veer Botanical Park
- Farmers’ markets
- Window-shopping at the mall
- Visit your local pet shop
- Try a different Quad Cities playground each week

CAN YOUR CHILD PLAY IN GROUPS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Have a three-legged race.
- Get two children to hold a towel between them and then get them to bounce a ball in the middle.
- Play pretend with your child. “Today, I am a lion. What are you?”
CAN YOUR CHILD HOLD A PENCIL AND USE SCISSORS?

IF NOT, HERE ARE SOME WAYS TO HELP:

• Get a pair of child's safety scissors.

• If they have trouble cutting paper at first, give them clay or Play Dough to cut.

• Color a picture together.

• Play Tic-Tac-Toe.

CAN YOUR CHILD SOLVE PROBLEMS?

IF NOT, HERE ARE SOME WAYS TO HELP:

• Play “I Spy” or “Hot and Cold.”

• Give your child an empty cereal box and ask him or her to make it flat.

• Twist two pipe cleaners together in a knot and work with your child to untangle them.
DOES YOUR CHILD EXPLORE THE WORLD AND ASK QUESTIONS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Ask questions yourself. “What color and shape is that sign?” “Why do cats have wheels?”
- Halfway through a book, ask your child what he or she thinks is going to happen next.
- When your child asks a question you don’t know the answer to, look up the answer together.

DOES YOUR CHILD LIKE TO LISTEN TO STORIES?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Sign your child up for Imagination Library. Call United Way at 563.344.0331 to get your child a free book a month until his or her fifth birthday.
- Read to your child. Every day, starting from birth.