

# Rocky Hill Public Schools

## Parent Questionnaire For Children Entering Kindergarten

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Parents Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Child's School: \_\_\_\_\_

Read each question carefully. Mark with an "X" the statement which best describes your child. Remember that there are no right or wrong answers. These statements are merely descriptions of behavior exhibited by your child.

	<b>Additional Information</b>
<p>In general, how does your child move around the house or yard?</p> <p>_____ Very hesitant in movement _____ Sometimes bumps into objects or falls _____ Sure of body, moves well</p>	
<p>How well can your child dress himself/herself?</p> <p>_____ Cannot dress himself/herself _____ Fair, but with a great deal of assistance _____ Can put on all clothes but needs help with buttoning, tying, zipping _____ Can dress himself/herself independently</p>	
<p>Which hand does your child use most of the time for eating, drawing or picking up toys?</p> <p>_____ Right _____ Left _____ Uses both equally</p>	
<p>How does your child take care of his/her toys?</p> <p>_____ Carelessly breaks toys _____ Takes toys apart, unable to put back together _____ Very careful</p>	
<p>How does your child respond to strangers?</p> <p>_____ Very Fearful _____ Timid or shy at first _____ Usually Friendly _____ Very outgoing</p>	

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	<b>Additional Information</b>
<p>How well does your child adjust to new activities or situations?</p> <p><input type="checkbox"/> Very cautious <input type="checkbox"/> Shy at first, takes a little time to get involved <input type="checkbox"/> Seems eager to get involved right away</p>	
<p>How does your child act when you have to leave him/her?</p> <p><input type="checkbox"/> Reluctant, cries most of the time <input type="checkbox"/> Fine, except for occasional circumstances <input type="checkbox"/> Adjusts well</p>	
<p>What things upset your child? Please comment:</p>	
<p>What form of positive reinforcement does your child respond to?</p> <p><input type="checkbox"/> Verbal praise <input type="checkbox"/> Tangible rewards <input type="checkbox"/> Quality time <input type="checkbox"/> Affection</p>	
<p>How does your child get along with other children?</p> <p><input type="checkbox"/> Fights, cries, acts self-centered <input type="checkbox"/> Boss, leader, wants things his/her own way <input type="checkbox"/> Shy at first, then plays well <input type="checkbox"/> Communicates and plays very well with others</p> <p>Are other children at home or in the neighborhood available for play? Please comment:</p>	
<p>Does your child have any fears? Please comment:</p>	
<p>How long would your child stay with an activity such as puzzles, blocks, picture books?</p> <p><input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> At least 15 minutes <input type="checkbox"/> ½ hour <input type="checkbox"/> As long as 1 hour</p>	

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	<b>Additional Information</b>
<p>How well does your child pronounce his/her words?</p> <p><input type="checkbox"/> I hardly understand him/her at all <input type="checkbox"/> I understand, but he/she has trouble with some sounds <input type="checkbox"/> Pronunciation is good</p>	
<p>What kinds of things does your child draw?</p> <p><input type="checkbox"/> Not interested in drawing yet <input type="checkbox"/> Scribbling <input type="checkbox"/> Definite shapes or objects <input type="checkbox"/> Detailed drawings <input type="checkbox"/> Drawings that depict a story</p>	
<p>What colors can your child name?</p> <p><input type="checkbox"/> None <input type="checkbox"/> A few of the basic colors: red, blue, etc. <input type="checkbox"/> All of the basic colors: red, yellow, blue, green, purple, orange, brown, black <input type="checkbox"/> All of the basic colors, plus a few others: pink, white, etc.</p>	
<p>How does your child count?</p> <p><input type="checkbox"/> Names only a few numbers in random order <input type="checkbox"/> Counts to 10 but misses or skips some numbers <input type="checkbox"/> Counts 1 to 10, always in correct order <input type="checkbox"/> Counts beyond 10</p>	
<p>Does your child like to be read to?</p> <p><input type="checkbox"/> Enjoys this a lot <input type="checkbox"/> Just started to like this <input type="checkbox"/> Doesn't like being read to</p>	
<p>Does your child follow direction?</p> <p><input type="checkbox"/> Rarely, only if very interested <input type="checkbox"/> Will follow one simple command <input type="checkbox"/> Follows 2 or 3 directions in a row <input type="checkbox"/> Remembers long sets of instructions and will carry them out</p>	
<p>What does your child remember about a story?</p> <p><input type="checkbox"/> Doesn't seem to remember the story from one time to the next <input type="checkbox"/> Asks for favorite story by telling general ideas of it <input type="checkbox"/> Remembers the story, anticipates what's coming and often fills in words</p>	

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Describe your child's ability to remember past events in his/her life.  <input type="checkbox"/> Seems to forget things very quickly <input type="checkbox"/> Remembers only recent events <input type="checkbox"/> Recalls some things at least in part for a long time <input type="checkbox"/> Remembers many events in careful detail	<b>Additional Information</b>
How does your child tell you about things he/she has done?  <input type="checkbox"/> Will try to explain only when asked <input type="checkbox"/> Will explain occasionally well enough that I can understand <input type="checkbox"/> Tells about everything that he/she does, describes events in detail	

1. Is a language other than English spoken in the home?  YES  NO  
If yes, what language is spoken? \_\_\_\_\_  
\_\_\_\_\_
2. Are there any recent significant events in the family that have had an impact on your child, e.g. births, deaths, serious illnesses, divorce, remarriage?  
  
\_\_\_\_\_  
\_\_\_\_\_
3. Has your child had any previous group experiences?  YES  NO  
If yes, what kind or for how long?  
  
\_\_\_\_\_  
\_\_\_\_\_
4. Did you child attend pre-school? If yes, where did he/she attend?  
  
\_\_\_\_\_
5. What is your child's normal bedtime? \_\_\_\_\_
6. Do you have any concerns about your child entering school?  
  
\_\_\_\_\_  
\_\_\_\_\_
7. Please list trips your child has taken with you to places such as library, zoos, museums, vacations.

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8. How often do you read to your child on a weekly basis?

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9. Does your child still take a nap? \_\_\_\_\_ YES \_\_\_\_\_ NO

10. Please provide us with any other information you feel would assist us in planning for your child's education.