

## Parent Questionnaire

The purpose of this questionnaire is to gather information to help the Early Entrance Committee better understand the strengths, challenges, and needs of your child.

### Family Background

Name \_\_\_\_\_

Parents Names \_\_\_\_\_

Address \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Siblings (Names and  
ages) \_\_\_\_\_

\_\_\_\_\_

Who does your child live with? Both parents \_\_\_\_\_ Mother \_\_\_\_\_

Father \_\_\_\_\_ Other \_\_\_\_\_

Has there been a divorce, separation, death or illness in your family that might affect  
your

child? \_\_\_\_\_

### Social Experiences

Has your child attended preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_ How long? \_\_\_\_\_

Do you see your child as a leader or a follower? \_\_\_\_\_

Does your child play mostly: By him/herself? \_\_\_\_\_ With children of the  
same age? \_\_\_\_\_ Boys? \_\_\_\_\_ Girls? \_\_\_\_\_

Do you read to your child? \_\_\_\_\_ How often? \_\_\_\_\_

Can your child read independently?

\_\_\_\_\_

Is your child able to share and take turns? \_\_\_\_\_

How does your child handle frustration? \_\_\_\_\_

\_\_\_\_\_

### **Development**

Does your child have any health problems? \_\_\_\_\_ Allergies? \_\_\_\_\_

\_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

Does your child dress him/her self? \_\_\_\_\_

Check the items your child can do independently: Button \_\_\_\_\_ Zip \_\_\_\_\_

Tie shoes \_\_\_\_\_ Lace shoes \_\_\_\_\_ Snap \_\_\_\_\_ Fasten \_\_\_\_\_

Can your child take care of his/her own bathroom needs? \_\_\_\_\_

Can your child print his/her name? \_\_\_\_\_

Does your child know his/her phone number? \_\_\_\_\_ Address? \_\_\_\_\_

Is your child able to express his/her needs to other adults outside of family members?

\_\_\_\_\_

What would you say are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What does your child need to work on this year? \_\_\_\_\_

\_\_\_\_\_

What are your child's feelings toward school?

\_\_\_\_\_

Describe your child's academic characteristics that would make it necessary for him/her

to enter kindergarten early? You may use the back of this form, if you need more space.

Describe the social-emotional characteristics that would make your child a successful candidate for kindergarten? You may use the back of this form, if you need more space.