

**St. Genevieve School
1237 Bethlehem Pike
Flourtown, PA 19031**

Kindergarten Parent Questionnaire

Name of Child _____

Nickname _____ Date of Birth _____

Address _____

E-mail Addresses _____

Home Phone _____ Cell Phones _____

1. At what approximate age did your child sit up? _____ Crawl? _____

2. Do you or your child's pre-school teacher have any concerns about your child's readiness for kindergarten? _____ YES _____ NO

If YES, please explain _____

3. Has your child ever had any kind of developmental screening: _____ Yes _____ No

If yes, please explain: _____

Do you feel there is a need for a developmental screening: _____ Yes _____ No

4. Does your child have normal speech? _____ Stutter? _____ Lisp? _____
(yes-no)

5. Is your child right handed? _____ or left handed? _____

6. Does your child: know how to dress him/herself? _____ tie shoe laces? _____ put on boots? _____
wash hands? _____ use bathroom unassisted? _____

7. Is your child generally happy? _____ moody? _____ tense? _____ friendly? _____ shy _____
unfriendly? _____ quarrelsome? _____ passive? _____ aggressive? _____
relaxed? _____ anxious? _____ other personality traits? _____

8. Does your child have good control of his/her temper? _____ fair? _____ poor? _____

9. Does your child cry easily or frequently? _____ (if yes) what brings on the tears most often?

10. What contacts does your child have with other children? _____

11. Has your child ever been away from you for short periods of time? (other than preschool) _____

12. Does your child suck his/her thumb/fingers? _____ bite his/her nails? _____ wet the bed? _____
Have any other mannerisms? _____

13. Does your child enjoy eating? _____ vegetables? _____ meats? _____ eggs? _____ milk? _____ fruits? _____
Does your child play with food at meal time? _____
Is your child allergic to any food? _____

14. Does your child fear animals? _____ darkness? _____ loud noises? _____ new experiences? _____
strange people: _____ others fears? _____

15. List any home responsibilities your child may have _____

16. What type of consequences are used in the home to correct negative behavior? _____

17. Who administers the consequences? _____

18. What time is bedtime for your child? _____ rising time? _____

19. Who puts your child to bed? _____

20. Has your child ever used scissors? _____ writing materials such as crayons, pencils, paints? _____

21. Do you read to your child? _____ How often? _____ What materials do you
read to him/her? _____

Does your child show interest and pay attention when you read to him/her? _____

22. What are your child's play preferences? Play alone? _____ Play with other children? _____
Play with adults? _____

23. What are your child's favorite toys and play activities? _____

24. What travel experiences has your child had? _____

25. What are your child's special interests and aptitudes? _____

26. How does your child feel about going to kindergarten? _____

**Please use this space to provide any additional information that may be helpful for us to know.
Thank you!**

**Please put a photo of your child here and return to school.
(use other side if necessary)**