



# 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.

