

KINDERGARTEN SCREENING QUESTIONNAIRE

(TO BE PREPARED BY STUDENT'S PARENTS)

Date _____

1. Student Name _____ Nickname _____

2. Address _____ Telephone _____

3. Birthdate _____ Age as of September 1 ___ years ___ months

4. Names and ages of brothers and sisters:

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. Parents' names: _____ Mother _____ Occupation _____
 _____ Father _____ Occupation _____

6. Please list or discuss any health concerns, allergies, etc., which the teacher should be aware of:

7. Please check the appropriate column concerning your child's personality:

	NEVER	OCCASIONALLY	OFTEN
Fearfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stubbornness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whininess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disobedience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destructiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tearfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If your child attended nursery school, please give the name and the number of months attended.

9. Are there children of your child's age in the neighborhood? _____ Does he play well with them? _____

10. How often is your child read to at home? _____

11. Is your child right _____ left _____ handed or either _____?

12. Please describe your child's general nature, likes, dislikes, special interests, abilities, attitude about starting kindergarten, any areas of concern which you have about your child's readiness for school, etc. Please feel free to express yourself as our intent here is to provide the best possible emotional, physical and learning climate for your child the first day of school. _____

13. Please list any special talents, interests, hobbies, etc., which you have which you would be willing to share with our class. _____
