

Our Lady of Grace School

Pre-Kindergarten and Kindergarten Parent Questionnaire

Child's Full Name _____

Nickname, if applicable _____

Full Address _____

Phone number _____ Birthdate _____

FAMILY BACKGROUND:

Mother's name _____ Occupation _____

Mother's education _____ Work Phone _____

Father's name _____ Occupation _____

Father's education _____ Work Phone _____

Current marital status of child's parents _____

Other children in family	Age	School/Grade level
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Your parish (if Catholic) _____

- Attend church regularly? _____

- Does your child attend church with you? _____

Please check the places your child has visited:

farm ___ factory ___ mountains ___ beach ___ county fair ___ museum ___ airport ___

downtown ___ zoo ___ other: _____

Where has your child traveled? _____

Has your child traveled in a car? ___ jet? ___ train? ___ boat/ship? ___

Has your child attended pre-school? _____

- Which one? _____

- How long? _____

- Days per week? _____

Does your child play quietly or actively? _____

Does your child play mostly by him/herself? _____

With children of same age? _____ With boys or girls? _____

Would you say your child is a leader or follower?

What activities does your child enjoy outdoors?

Does your child watch television? _____

How many hours per day? _____

What programs are his/her favorites?

- Does your child enjoy books? _____
- What kind of stories does your child like best?

- Do you read to your child? _____ How often? _____
- How many stories in one sitting? _____
- Is your child able to remember songs or rhymes? _____
- Does your child know any nursery rhymes? _____
- Which ones? _____
- Has your child had experiences with paints, crayons, scissors? _____
- How often? _____
- Does your child select the clothing he/she wears? _____
- Does your child have any health problems we should be aware of _____
If so, what? _____

- Does your child have any food allergies? _____

At what age did your child:

- Walk alone? _____
- Feed him/herself? _____
- Say first word? _____
- Talk in sentences? _____
- Is your child right or left-handed? _____
- Does your child dress him/herself? _____
- Please check the items your child can do:
button ___ tie shoes ___ snap ___ zip ___ lace shoes ___
- Is your child able to skip? _____ Hop? _____ Jump? _____
- Is your child able to print his/her first name? _____

- Is your child aware of dangers such as fire, electricity, traffic, and strangers?

- How do you discipline your child?

- Can your child take care of his/her toilet needs? _____
- What time does your child usually go to bed? _____
- Does your child wet the bed?
Never _____ Occasionally _____ Rarely _____

Check the characteristics that apply to your child:

Cries easily ___ Temper tantrums ___ Fearful in new situations ___ Sulks ___ Destructive ___
 Sleeping problems ___ Day dreams ___ Bites nails ___ Eating problems ___ Whines ___
 Easily angered ___ Jealous ___ Does not like to share ___ Sucks thumb ___ None of these ___

Briefly describe your child for us:

What would you say is your child's strength?

In what area would you say your child needs improvement?

Is your child able to sit still and listen to a story for 5 to 10 minutes? _____

Does your child listen without interrupting while someone else is speaking? _____

Is your child able to share and take turns? _____

Does your child know his/her:

- Phone number? _____
- Address? _____
- Birthdate? _____

What do you expect your child to acquire through the pre-kindergarten or kindergarten experience at Our Lady of Grace School?

What else would you like your child's teacher to know about your child?
