

**WHITMORE LAKE PUBLIC SCHOOLS
KINDERGARTEN PARENT QUESTIONNAIRE**

Child's Name _____ Date _____

With whom does the child reside? _____

Child/Family Information

1. What experience has your child had with groups of children?
2. Does your child play with other children regularly? Yes ___ No ___ Ages _____
3. Does someone read to your child? Yes ___ No ___
If yes, how often, who? _____
4. Where does your child spend his/her day when not in school? _____
5. Does your child have difficulty separating from you?
Yes ___ Sometimes ___ Occasionally ___ No ___
6. How much discipline is needed (each day or each week)? _____
7. Many children have some things they are afraid of. Is your child especially afraid of anything? Yes ___ No ___ If yes, please list: _____
8. Does your child have problems with: (check all that apply)
___ Eating
___ Bedtime
___ Sleeping through the night
___ Toileting (wetting, soiling, constipation)
___ Dressing him/herself
9. Does your child have:
___ Frequent nightmares
___ Frequent temper tantrums
___ Problems playing with other children
___ Difficulty following rules and routines
___ Very short attention spans
___ A very high activity level
___ Display behavior of a much younger child
___ Makes friends easily

10. Does your child:

- Like him/herself
- Fight a lot with family members or friends
- Cry easily

11. Is your child:

- Very shy and quiet
- Usually happy
- Able to share and take turns

12. Please check the following readiness skills that your child has had exposure to:

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Cutting | <input type="checkbox"/> Coloring | <input type="checkbox"/> Color Recognition |
| <input type="checkbox"/> Pasting | <input type="checkbox"/> Counting | <input type="checkbox"/> Letter Recognition |
| <input type="checkbox"/> Folding | <input type="checkbox"/> Building | <input type="checkbox"/> Letter Sound Recognition |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Shape Recognition | <input type="checkbox"/> Can read |

Changes or Problems

1. Have there been any big changes/problems in the last two years?

- Death
- Brother or sister born
- Parent in jail
- Someone in the family is seriously ill
- Someone in the family involved in substance abuse, drugs, alcohol
- Other (please describe) _____
- Family moved
- Divorce or parental separation

Comments
