

# Northlake Hills Elementary School Kindergarten Questionnaire

*Please complete both sides of this questionnaire.*

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Work: \_\_\_\_\_

Names and grades of other children enrolled in school:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Names and ages of siblings not enrolled in school:

\_\_\_\_\_

Has your child qualified for any Special Education services? \_\_\_\_\_ If so explain below or contact the school. \_\_\_\_\_

Has your child attended a pre-school or day care program? \_\_\_\_\_

Name of Program: \_\_\_\_\_

How many years/months? \_\_\_\_\_ Days per week? \_\_\_\_\_

Does your child have special needs (allergies/medications/speech/vision/hearing)? \_\_\_\_\_

\_\_\_\_\_

What precedes/causes an incident? \_\_\_\_\_

\_\_\_\_\_

Are there any other incoming Kindergarten students that your child should be separated from (neighbor, relative, friend)? \_\_\_\_\_ If so please list who and why. \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE REVERSE**



Will your child attend a before or after school day care program next year? \_\_\_\_\_

If so, which program: \_\_\_\_\_

Please indicate if any of these have occurred in your immediate family in the past year:

\_\_\_\_\_ Divorce                      \_\_\_\_\_ Family Death                      \_\_\_\_\_ Serious Illness

Do you read to your child? \_\_\_\_\_ How often \_\_\_\_\_

Can your child write his/her name with appropriate upper and lower case letters? \_\_\_\_\_

Can your child identify upper and lower case letters (out of sequence)? \_\_\_\_\_

Can your child read? \_\_\_\_\_ Can your child identify basic colors? \_\_\_\_\_

How high can your child count orally, without assistance? \_\_\_\_\_

What experience has your child had using crayons and scissors?

\_\_\_\_\_ Extensive                      \_\_\_\_\_ Moderate                      \_\_\_\_\_ Limited                      Is one hand dominant? \_\_\_\_\_

Does your family celebrate any specific holidays? \_\_\_\_\_

Is there anything special we should know about your child? \_\_\_\_\_

---

---

---

Would you be able to volunteer in your child's classroom? \_\_\_\_\_

Thank you for completing this questionnaire. It is our sincere hope that this information will enable us to better understand your child. All information on this questionnaire will remain confidential.