

## KINDERGARTEN QUESTIONNAIRE

Student's Name: \_\_\_\_\_

The following information will assist us in placing your child in a Kindergarten Class.

Please complete the following questionnaire and turn in with your Enrollment Packet.

Yes          No

\_\_\_\_\_      \_\_\_\_\_ Did your child attend nursery/preschool? If so, where? \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ Do you have any concerns about your child's speech?

\_\_\_\_\_      \_\_\_\_\_ Do you have any concerns about your child's hearing?

\_\_\_\_\_      \_\_\_\_\_ Does your child receive routine medication? If yes, what type? \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ Does your child have any physical impairment? Please list: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ Will your child have any relatives attending kindergarten? If yes, please list:

\_\_\_\_\_      \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ How would you rate your child's activity level? \_\_\_ Low \_\_\_ Average \_\_\_ High

Comments:

Parent/Guardian Signature: \_\_\_\_\_

*Thank you for your assistance.*

*Should you have further questions or concerns, feel free to contact your child's school office.*

---