

2017-2018 Kindergarten Survey

Please complete and submit with your registration forms.

Child's full name:

Name your child goes by:

Birthdate:

Sibling names/ages:

Preschool attended & for what period of time:

Any recommendations your child's preschool teachers have made to you regarding your child:

Does your child...		
Recognize and/or name colors	yes	no
Correctly count ten or more objects	yes	no
Recognize numbers 1-10	yes	no
Recognize his/her name in print	yes	no
Recite the alphabet	yes	no
Recognize and name some letters	yes	no

Try to write, scribble, or draw	yes	no
Write his/her name	yes	no
Wash and dry his or her own hands	yes	no
Dress self (hat, coat, shoes)	yes	no
Use scissors efficiently	yes	no

Listen attentively to a story	yes	no
Speak so that he/she can be understood by others	yes	no
Express his/her thoughts and needs easily	yes	no
Recall stories or events	yes	no
Follow simple directions	yes	no

Language(s) spoken in the home	_____
to Mom and Dad?	_____
to siblings?	_____
to friends?	_____

Would your child benefit from being separated from any specific peers due to a conflict of interest? (Please know that we will do our best to honor your wishes, but because of some circumstances this cannot always occur.)

What else would you like us to know about your child?



We will be hosting a Kindergarten Preview on Thursday, May 11, 2017, to give your child an opportunity to visit and experience a kindergarten classroom. More information will follow as the preview date gets near.

Parent/Guardian Name(s): _____

Email address: _____

Phone number: _____

Thank you for completing this survey. We look forward to working with you and your kindergartener this fall!