



Lake Washington School District

Kindergarten Questionnaire

Photo here

This questionnaire will help us get to know your child and family. Please fill out only what you are comfortable with. Feel free to add additional details or important information we might have left out.

Family background

Child's full name: _____ Birthdate _____

Child's name to be used in school: _____

Address _____ Home phone _____

Phone unlisted? yes no

Would you like your address, phone number, email address on a published class list? yes no

Where will your child go when they leave school? home daycare bus walk

Daycare provider (name/phone) _____ MTWTF

Walk home with (name/phone) _____ MTWTF

Picked-up by (name/phone) _____ MTWTF

Mother's name _____ Occupation _____ Employer _____

Work phone _____ Mobile _____ Email _____

Mother's talents/hobbies _____

Father's name _____ Occupation _____ Employer _____

Work phone _____ Mobile _____ Email _____

Father's talents/hobbies _____

Child lives with: _____

Sibling's names, ages, teachers & schools _____

Has there been an event in the family that might affect your child? _____

Any important details we should be aware of (i.e. Adoption, health, add, family situation, etc.) _____

Social experiences

Which pre-school(s) has your child attended? For how long? _____

Has your child's entry into kindergarten been postponed or pushed forward by one year? yes no

If yes, please explain _____

How often do you practice "school work" at home? _____

What kinds? _____

Do you celebrate birthdays in your home? yes no

If no, please explain _____

Does your child watch television daily? yes no Approximately how much time per day? _____

Development

Does your child have health concerns/food allergies the school should be aware of? yes no

If yes, please explain _____

Which hand does your child use most prominently? left right uncertain concerns

Please circle the items your child can do:

- | | | | | | | |
|----------------------------------|------------------------------|--------------------------|-------------------|------------|-----------|-------------|
| skip | gallop | hops on 1 foot | tie shoes | lace shoes | | |
| throw | catch | button | zip coat | snap | jump rope | bounce ball |
| recite full name | recite phone number | recite address | recite birth date | | | |
| recite (not sing) whole alphabet | count 1-20 | attend to bathroom needs | | | | |
| names all upper case letters | names all lower case letters | | | | | |

Does your child print his/her first name with only 1 capital letter? yes no

Continue to practice the skills listed above, throughout the year.

What would you say is your child's strength? _____

What would you say is your child's weakness? _____

For what is your child disciplined most often? _____

How do you discipline your child? _____

Development (continued)

Circle characteristics that strongly apply to your child:

assertive	active	artistic	temper tantrums	daydreams	sucks fingers	musical
verbal	athletic	cries easily	energetic	shares easily	impatient	sulks
social	easily angered	inquisitive	cooperative	creative	fearful of new situations	

What time of the day is your child most productive? _____

When is the best time to contact you?

Mother: morning noon afternoon evening anytime

Father: morning noon afternoon evening anytime

What do you expect your child to acquire through a kindergarten experience?

What is your child's nick name? _____

Please attach an additional sheet if necessary.