Kindergarten 2016 Parent Questionnaire

Please help us get to know your child by completing the following questionnaire.

First Name of Child: __________________  Family Name of Child: __________________

On starting school my child will be _____ years _____ months

PRESCHOOL:

Did your child attend preschool?  NO  YES - How many days per week in 2015?____

If Yes, which Preschool (or long daycare)? ________________________________

HEALTH:

Has your child ever had:

- a hearing assessment?  NO YES  (approximate date is fine)  Date: ______  ____________________________

- a vision assessment?  NO YES  Date: ______  ____________________________

- speech therapy?  NO YES  Date: ______  ____________________________

- occupational therapy?  NO YES  Date: ______  ____________________________

- an asthma check?  NO YES  Date: ______  ____________________________

- a major accident/operation?  NO YES  Date: ______  ____________________________

- a serious allergic reaction?  NO YES  Date: ______  ____________________________

learning or behaviour difficulty?  (diagnosed or not)  NO YES  Date: ______  ____________________________

Are there any other medical or behaviour-related issues you think we should know about?

________________________________________________________________________

________________________________________________________________________

SKILLS/TALENTS: What skills/talents are obvious in your child now?

________________________________________________________________________

________________________________________________________________________
PERSONALITY/ BEHAVIOUR
How would you describe your child? (e.g. social, prefers own company, confident, shy, determined, active, quiet, anxious, enjoys challenges, emotional, independent, stubborn, easy going, self sufficient etc.)

________________________________________
________________________________________
________________________________________
________________________________________

MY CHILD
(Please circle your response)
- writes his/her first name
- uses a pencil with a preferred hand
- can use scissors to cut out a shape
- can reliably count
- can read some common words
- uses a computer
- uses an ipad or other device
- plays well with a group
- knows and sings many songs
- can catch and throw a ball
- is able to verbalise needs/wants

- not yet
- beginning to
- confidently
- not sure
- right hand
- left hand
- not yet
- beginning to
- accurately
- up to 10
- up to 20
- up to 100
- rarely
- occasionally
- often
- not yet
- beginning to
- confidently
- not really
- sometimes
- often
- not yet
- beginning to
- confidently
- too shy
- sometimes
- confidently

ADDITIONAL INFORMATION
Do you have any concerns about your child starting school?
Is your child looking forward to coming to school?
Please add anything at all which may help us better cater to your child’s needs and help ensure a happy start to school.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed: ___________________________ Date: ___________________________

Relationship to Child: ___________________________

Thank you for taking the time to complete this questionnaire.
We look forward to working with you and your child.
Cowan Public School, Kindergarten and Support Teachers