



**KINDERGARTEN QUESTIONNAIRE**

Hello Future Kindergarten Partners,

We are excited to welcome you and your child to the kindergarten program in the Central Kitsap School District. The purpose of this questionnaire is for your child's kindergarten teacher to get to know your child and to be able to better meet their learning needs as they begin their Kindergarten adventure. We want to establish a strong and collaborative relationship with your family in support of Central Kitsap School District's mission to equip our students with the knowledge and skills to succeed and prosper in an ever-changing global society.

Thank you for your thoughtful feedback.

Jill Carlson  
 Executive Director of Elementary Teaching and Learning  
 Central Kitsap School District

1. Student Legal Name: \_\_\_\_\_ Name used at school: \_\_\_\_\_ D.O.B. \_\_\_\_\_
2. Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_
3. How will your child be transported to school?  Bus  Walk  Parents
4. Has your child attended Preschool and/or Day Care?  Yes  No If yes, please specify:

Name of School	Preschool	Day Care	Contact Name	Contact Phone	When
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

5. Did you attend Ready! for Kindergarten parent classes?  Yes  No How many? \_\_\_\_\_
6. With whom does your child play best?  
 Alone  With older children  With younger children  With children of the same age
7. What are your child's favorite activities? \_\_\_\_\_  
 \_\_\_\_\_
8. How much exposure has your child had with reading at home? \_\_\_\_\_
9. Will you want your child to take part in holiday/birthday celebrations?  Yes  No

Comments: \_\_\_\_\_

10. Does your child have any health problems the school should be aware of?  Yes  No

If yes, please specify: \_\_\_\_\_

11. Does your child have any allergies? \_\_\_\_\_

Does your child take medication for allergies?  Yes  No If yes, please specify: \_\_\_\_\_

12. Is your child right- or left-handed? \_\_\_\_\_

13. Does your child have any special challenges that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

14. What else would you like your child's teacher to know about your child? \_\_\_\_\_

\_\_\_\_\_

15. Would you be interested in volunteering in the classroom?  Yes  No

If yes, what day is best for you? \_\_\_\_\_

(Volunteer Application and Disclosure Form available in school office or <http://www.ckschools.org/about/volunteer>)

16. Family members or friends your child most enjoys spending time with and some of the things they do with your child? \_\_\_\_\_

17. What helps your child feel more comfortable in new social situations? \_\_\_\_\_

\_\_\_\_\_

18. How does your child respond to new situations or challenges? \_\_\_\_\_

\_\_\_\_\_

19. My child lives with \_\_\_\_\_ other children. Their names and ages are \_\_\_\_\_

\_\_\_\_\_

20. The best way to reach my family is \_\_\_\_\_

The best time to reach my family is

\_\_\_\_\_ morning

\_\_\_\_\_ afternoon

\_\_\_\_\_ evening

\_\_\_\_\_ weekend

21. This is the best phone/email to reach us \_\_\_\_\_