

# Kindergarten Parent Questionnaire

## Riverview CCSD#2

Please complete this form and return it to the Riverview Elementary main office

Child's first and last name \_\_\_\_\_

Name your child prefers to be called: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Gender (male/female): \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

In the past year, has your child participated in...(please check all that apply)

\_\_\_\_ In-home daycare (outside of your home)

\_\_\_\_ Commercial daycare      Name of daycare \_\_\_\_\_

\_\_\_\_ Preschool      Name of Preschool \_\_\_\_\_

\_\_\_\_ Stay at home

\_\_\_\_ Other \_\_\_\_\_ (please specify)

Are there other children living in your home? Yes/no (circle one) If yes, what are their ages? \_\_\_\_\_

Does your child have any special needs (i.e. dietary, medical, takes medication, speech, etc.)?

Please feel free to share anything else that will help us work with your child.

## Kindergarten Readiness Checklist

		Yes	No
1	Can tie shoelaces?		
2	Knows how to zip and button?		
3	Puts together simple puzzles?		
4	Can recognize first name?		
5	Can write first name?		
6	Takes care of toileting and self-care needs (e.g. dressing)?		
7	Can be separated from parents for up to six hours without becoming upset?		
8	Shows curiosity and interest about school?		
9	Demonstrates cooperative play skills (sharing, taking turns)?		
10	Can sit quietly in a group without being disruptive?		
11	Enjoys being read to?		
12	Speech is easily understandable?		
13	Can hold writing implement properly?		
14	Can use scissors properly?		
15	Can follow a 2-step simple direction?		
16	Pays attention to short stories and can answer simple questions?		
17	Volunteers comments while in a group?		
18	I read to my child daily.		

Thank you for taking the time to complete this survey. The information you've provided will help us to understand your child and prepare for a smooth transition into kindergarten.

