Dear Kindergarten Families,

I am asking for your cooperation in completing this questionnaire. Please return it to me as soon as possible. The information will help me get to know and understand your child better. This questionnaire is voluntary; I hope that you will take the time to fill it out because the information will be most helpful in developing rapport with your child in kindergarten.

Thank you for your help.

Student’s Name_________________________________________

1. Who does your child live with? (Please write their name(s))

2. How did your child feel about starting kindergarten?

3. How does your child spend his/her time at home?

4. What responsibilities does your child have at home?

5. What type of discipline is effective in dealing with your child?
6. Put a check mark by the phrases that describe your child. If there are others please add them to the list.

___Needs quiet setting             ___Likes to work alone

___Is a leader                      ___Is a follower

___Is easily distracted             ___Shy

___Enjoys and benefits from working with someone  ___Needs to move around frequently

7. What events/changes (past or present) might affect your child’s school performance? (For example: separation of parents, illness, death, moving.)

8. What do you feel is the most important thing kindergarten can do for your child this year?

9. What information or suggestions do you have that will help me in understanding and working with your child?

10. Other . . .