

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 . . .