KINDERGARTEN QUESTIONNAIRE

In an effort to aid the teacher in becoming better acquainted with your child, we ask that you supply the school with the following information.

Child's	Name				
		First	Middle	Last	
Age	Birthplace	Date of Birth			
Parent's Name			Marital Status		
Addres	ss		Town	Zip Code	
Phone_		Cell Phon	ie		
Does c	hild reside with	parents?			
Method	d of transportation	on to and fron	n school		
1. 2.	Did child atten		e? NoYes_ hool, Preschool, I	Nickname PreKindergarten? YesNo_	
	If yes: Year's	attended			
	Days p	oer week			
	Hours	per day			
	Name	of School			
	Did ch Presch	ild receive ar nool?	ny special service	s (such as speech therapy) a	
2			es, what		
3.	YesNo		al TV programs?		
4.	Has child atter	nded any pres	school C.C.D. clas	sses? YesNo	
	If yes, whereHas child attended story time at a library? YesNo				
5.				esNo	
6	If yes, where _	a himaalf/har	colf2 Voc. No.		
6. 7.	Can child dress himself/herself? YesNo Can child tie own shoes? YesNo				
8.					
	Can child use zipper? YesNo				
	0. Is a language other than English spoken at home? Yes No				
	If yes, what la	nguage			
11.			Yes No		
	If yes, species				
12.		Does child have any special interests? Yes No			
	If ves. identify	area			