

# Parent Questionnaire

## Kindergarten Entry and Screening

### Medical History:

- Did your child spend any time in the neonatal intensive care unit (NICU)? If so for what reason? \_\_\_\_\_  
\_\_\_\_\_

### Child's Health and Development

- Please describe any significant health history that we should know. \_\_\_\_\_  
\_\_\_\_\_
- Is your child toilet trained? If not, where are they in the process? \_\_\_\_\_  
\_\_\_\_\_

### Social and Emotional Development:

- Is your child comfortable staying with a babysitter or another caregiver? \_\_\_\_\_
- Does your child have opportunities to play with other children remotely or in person? Please specify. \_\_\_\_\_
- Can your child play collaboratively with others? (ie: working together to build a castle, playing the same imaginary game) If so, for about how long? \_\_\_\_\_
- Do you have concerns your child is having difficulty paying attention or sitting still? If so, please share your thoughts. \_\_\_\_\_  
\_\_\_\_\_
- Does your child often appear distracted when you are talking to them? \_\_\_\_\_
- Does your child generally enjoy playing and talking with similar age peers? \_\_\_\_\_
- Does your child have "big reactions"? (ie: temper tantrums, crying, yelling, excessive anger, etc.) If so, how often do they occur, when do they take place and do you know what the triggers are? \_\_\_\_\_  
\_\_\_\_\_

**Learning Experiences:**

- Has your child attended preschool/childcare before? If so where did they attend:  
\_\_\_\_\_
- Does your child work with any outside providers? (ie: counselors, social workers, outside speech or occupational therapy) \_\_\_\_\_
- How many hours a day does your child spend on a screen? (ie: tablet, phone or tv) \_\_\_\_\_

**Language Development:**

- What language(s) are spoken at home? \_\_\_\_\_
- Does your child seem quieter, less vocal, than their peers? \_\_\_\_\_
- Does your child seem overly worried, have a lot of fears, or exhibit anxiety? If so, please share your thoughts. \_\_\_\_\_  
\_\_\_\_\_
- Can your child use their words to get their needs met? (ie: can I have a drink of water? I need to go to the bathroom?, I'm hungry.) \_\_\_\_\_
- Does your child talk with friends or relatives who come to visit? \_\_\_\_\_
- Can your child follow age appropriate directions? (ie: put on your coat and shoes) \_\_\_\_\_

**Additional Information:**

- Please share **three** details that you think would be helpful for your child's teachers, nurse, school counselor and principal to be aware of.
  1. \_\_\_\_\_  
\_\_\_\_\_
  2. \_\_\_\_\_  
\_\_\_\_\_
  3. \_\_\_\_\_  
\_\_\_\_\_
- Is there anything else that you think we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_