

Kindergarten Orientation Parent Questionnaire

Welcome to Kindergarten! As parents, you have a deep understanding of your child and the information you provide will help us better meet your child's needs. All children come to kindergarten with diverse experiences and at different levels of development. Information from this questionnaire will serve to support your child's transition to school.

Thank you for taking the time to complete this information.

Child's Name: _____

Date of Birth: _____

Name of Parent(s)/Guardian(s):

1. _____

2. _____

Name of Sibling(s)/Grade:

1. _____ / _____

2. _____ / _____

3. _____ / _____

Name of Caring Agency:

Contact Person: _____

Phone Number: _____

Are both parents/guardians residing with the child?

- Yes
- No

If no, please indicate where the child resides during the school week:

Arrival at School

My child will be accompanied to school by:

- Parent
- Caregiver
- Sibling
- Bus (Bus # if known _____)
- Other _____

Departure from School

My child will be picked up by:

(please provide the full name if known)

- Parent _____
- Caregiver _____
- Sibling _____
- Bus (Bus # if known _____)
- Other _____

Health Information:

Does your child have any health problems/ conditions/illnesses or allergies?

(please describe in detail)

- born premature
- prenatal concerns
- previous referral to CDC, SSCY, St. Amant, CLDs, geneticist, other *(If yes, please discuss further with the teacher)*

Is your child on any medications?

- Yes *(If yes, please discuss further with the teacher to ensure we know what to look for if medication is missed or a reaction occurs.)*
- No

Additional Information:

To your knowledge does your child have any speech or language concerns, a history of ear infections or hearing difficulties, vision problems or trouble sleeping?

- Yes *(if yes, please explain)*
- No

What time does your child typically go to bed? _____

Please indicate what pre-school experiences your child has had. *(check all that apply)*

- Child Care Centre
- Child's home *(parent or other relative)*
- Child's home *(non-relative, i.e. nanny)*
- Play Group
- Nursery School
- Parent & Tot
- Better Beginnings
- Head Start
- Baby & Me
- Limited Pre-School Experience
- Other _____

Did your child receive preschool therapy services through Jordan's Principle? *(i.e., Speech Language Therapy, Occupational Therapy, Physical Therapy)*

- Yes *(if yes, please explain)*
- No

Has your child received any support from Jordan's Principle that pertains to school?

- Yes *(if yes, please explain)*
- No

Are there situations in which your child becomes particularly excitable, upset, frightened or angry? (e.g., dogs, being alone, loud noises, etc.)

- Yes (if yes, please explain)
- No

Has your child experienced any significant changes in their family life in the past? (e.g., death, separation, birth of a baby, family illness)

- Yes (if yes, please explain)
- No

Has your child experienced stomach problems, bowel or bladder problems?

- Yes (if yes, please explain)
- No

Please indicate whether your child uses the toilet independently or with support.

- Independently
- With support (if with support, please explain)

Indicate whether your child is independent with the following: (check all that apply)

- Dressing
- Laces
- Snaps
- Buttons
- Zippers
- Putting on/taking off shoes
- Opening containers for snack
- Opening wrappers and packages

Is there anything I should know to better understand your child? (e.g., likes, dislikes, daily routines)

Check off the characteristics that describe your child's personality?

- shy
- talkative
- independent
- outgoing
- quiet
- generous
- friendly
- aggressive
- sensitive
- with-drawn
- helpful

What motivates your child? (in activities, play, chores, etc.)-*please explain*

What bothers or frustrates your child? What strategies have been effective when dealing with this?
Please explain

Please tell me 1-3 things your child is interested in.

- ❖ _____
- ❖ _____
- ❖ _____

What is your child looking forward to when they come to school? *(please explain)*

Are there any concerns for your child or yourself? *(please explain)*

What activities do you and your child like to do together?

What is your child's favorite play activity or toy? (e.g., favorite TV program, board game, play activity)

Would you enjoy helping in our classroom? _____

What would you enjoy doing? *Please indicate*

- Help with special activities, arts and crafts
- Help on classroom/school field trips
- Other _____

Please list any holidays or special celebrations your child would like to share with the class?

Please indicate if your child does not celebrate specific holidays.

- Are there cultural or religious factors that we should be aware of?

