

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)/Guardians(s):

1. _____
2. _____

Name of Sibling(s)/Year of Birth:

1. _____/_____
2. _____/_____
3. _____/_____
4. _____/_____

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 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 prematurely
- 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



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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

Do you speak languages other than English at home?

- Yes (if yes, which ones) _____, _____, _____
- No

What time does your child typically go to bed? _____

Please indicate what pre-school experience 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? (i.e., Speech Language Therapy, Occupational Therapy, Physical Therapy)

- 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



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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)*

- | | |
|--------------------------------|---|
| <input type="radio"/> Dressing | <input type="radio"/> Zippers |
| <input type="radio"/> Laces | <input type="radio"/> Putting on/taking off shoes |
| <input type="radio"/> Snaps | <input type="radio"/> Opening containers for snack |
| <input type="radio"/> Buttons | <input type="radio"/> Opening wrappers and packages |

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

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

- | | |
|-----------------------------------|----------------------------------|
| <input type="radio"/> shy | <input type="radio"/> friendly |
| <input type="radio"/> talkative | <input type="radio"/> aggressive |
| <input type="radio"/> independent | <input type="radio"/> sensitive |
| <input type="radio"/> outgoing | <input type="radio"/> withdrawn |
| <input type="radio"/> quiet | <input type="radio"/> helpful |
| <input type="radio"/> generous | |

What are your child's favourite games/activities/toys? Describe any special talents or interests your child may have.

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.

- ❖ _____
- ❖ _____
- ❖ _____



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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 favourite play activity or toy? *(e.g., favourite TV program, board game, play activity)*

Would you enjoy helping in our classroom?

- Yes
- No

What would you enjoy doing? *Please indicate.*

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



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Are you new to Canada?

- Yes (if so, when did you join our communities?) _____
- No

Where was your previous location? (if new to Canada and the Swan Valley)

- ❖ _____
- ❖ _____
- ❖ _____

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?

