

Bethany Community School

Kindergarten Registration - Parent Questionnaire

Child's Name _____

Parent/Guardian Name(s) _____

Date Form Completed _____

Preschool/Child Care Provider: _____

Preschool/Child Care Provider Contact Name: _____

Preschool/Child Care Provider Telephone Number: _____

Read each question carefully. Mark with an "X" the statement that best describes your child. (Remember that there is no right or wrong answers. These statements are merely descriptions of behavior exhibited by your child).

1. In general, how does your child move around the house or yard?
 - Very hesitant in movement
 - Sometimes bumps into objects or falls
 - Sure of body

2. How well can your child dress himself/herself?
 - Cannot dress himself/herself
 - Fair, but with great deal of assistance
 - Can put on all clothes but needs help with buttoning, tying and zipping
 - Can dress himself/herself independently

3. Which hand does your child use most the time for eating, drawing or picking up toys?
 - Right
 - Left
 - Uses both equally

4. How does your child take care of his/her toys?
 - Carelessly destroys toys
 - Takes toys apart, unable to put them back together
 - Very careful

5. How does your child respond to strangers?
 - Very fearful
 - Timid or shy at first
 - Usually friendly
 - Very outgoing

6. How well does your child adjust to new activities and situations?
 - Very cautious
 - Shy at first, takes a little time to get involved
 - Seems eager to get involved right away

7. Have there been any recent events that may affect your child in school? (i.e. divorce, death, recent move, etc.)

8. How does your child act when you have to leave him/her?

- Reluctant, cries most of the time
- Fine, except for occasional circumstances
- Adjusts well

9. What things upset your child?

10. How does your child get along with other children?

- Fights, cries, is self-centered
- Boss, leader, wants things his/her own way
- Shy at first, then plays well
- Communicates and plays very well with others

Are other children available at home or in the neighborhood for play? Please comment.

11. Does your child have any fears? Any in regards to beginning kindergarten? Please comment.

12. What kinds of things does your child generally play with? Please comment.

13. How long does your child stay with an activity such as puzzles, blocks, picture books?

- Less than 5 minutes
- At least 15 minutes
- For a ½ hour
- As long as 1 hour

14. What kinds of things does your child draw?

- Not interested in drawing yet
- Scribbling
- Definite shapes or objects
- Detailed drawing
- Drawings that depict of story

15. What colors can your child identify and name?

- None
- A few of the basic colors (red, blue, etc.)
- All of the basic colors (red, blue, green, yellow, purple, orange, brown, black)
- All of the basic colors, plus a few others (pink, white, etc.)

16. How does your child count?

- Names only a few numbers in random order
- Counts to 10 but misses or skips a few
- Counts 1 to 10, always in order
- Counts beyond 10

17. How well does your child pronounce his/her words?

- I hardly understand his/her words
- I understand , but he/she has trouble with some sounds
- Pronunciation is good

18. How well does your child verbally express his/her thoughts?

- Very clear
- Usually clear
- Sometimes clear
- Poorly

19. How well can your child find things that you name?

- Rarely understands what I mean
- Can point to a few objects when I name them
- Will ask when words are unfamiliar
- Seems to understand all the words I use

20. Does your child follow directions?

- Rarely, only if very interested
- Will follow one simple command
- Follows 2 or 3 directions in a row
- Remembers long sets of instructions and will carry them out

21. Does your child like to be read to?

- Likes this a lot
- Just started to like this
- Doesn't like being read to

How often do you read to your child? Please comment.

22. What does your child remember about a story?

- Remembers the story, anticipates what's coming and often fills in words
- Asks for favorite story by telling the general idea of it
- Doesn't seem to remember the story from one time to the next

23. Describe your child's ability to remember past events in his/her life.

- Seems to forget things quickly
- Remembers only recent events
- Recalls some things at least in part for a long time
- Remembers many events in careful detail

24. How does your child talk to you about and share with you his/her daily activities?

- Doesn't like to share experiences, often says "I don't know" or "nothing"
- Will try to explain only when asked
- Will explain occasionally well enough that I can understand
- Tells about everything that he/she does, describes events in detail

25. Please use the remainder of this page to provide us with any other information you feel would assist us in planning your child's education for the fall.
