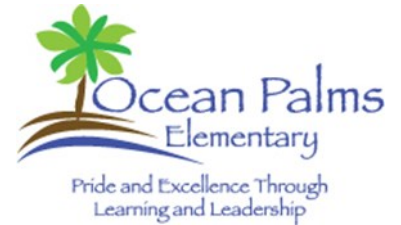


Ocean Palms Elementary



Kindergarten Parent Questionnaire _____

School Year

Child's Name: _____ Nickname: _____

Sex: M _____ F _____ Age: _____ Birth Date: _____

Address: _____

Parent/Guardian names: _____

Cell Phone: _____ Cell Phone: _____

Email: _____

Parent's address (if different): _____

Siblings: (Please list names, ages/grades)

Please read each item and circle or check the response that best applies.

1. My child has participated in (check or circle any that apply):

Full-time Preschool/Daycare

Part-time Preschool/Daycare

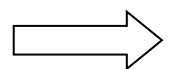
VPK

Play group

In-home Child Care

Name of preschool: _____

2. How does your child feel about starting kindergarten? _____



3. Is your child in any Special Programs? Does your child have an IEP? **Yes** or **No**
__ESE __504 __ESOL/ELL __Speech __Language __OT __PT Other_____

4. Do you have concerns we should know about?:

- Health concerns/dietary needs/allergies: _____
- Emotional concerns such as fears/anxieties: _____

5. My child can read: Independently With Guidance Not yet

6. How would you describe your child: _____

7. Please list 3 positive things about your child.

1. _____
2. _____
3. _____

8. As a parent, do you have any hobbies, talents, resources to share with your child's class? _____

9. Do you give permission for your child's picture to be put on the teacher's website?
Please check one: __ Yes __No

10. Do you give permission for your child's picture to be printed in the newspaper if his/her class is recognized by the media? Please check one: __ Yes __No

***Thank you for taking the time to provide us with the above information;
it will help us a great deal in meeting the needs of your child!***