Cean Palms Elementary



Kindergarten Parent Questioni	Naire School		
Child's Name:	Nickname:		
Gender:FM Age ent	ering KG:	Birth Date:	
Address:			
Child lives with :Both Parents	Mother	FatherLegal Guardic	nr
Mother:	Father:_		
Cell Phone:			
Email:			
Legal Guardian:			
Cell Phone:			
Email:			
Siblings: (Please list names, ages/g	,		
Please read each item and check	the response	e that applies.	
 My child has participated in (you r Full-time Preschool/Daycare VPK In-home Child Care 	Part-time Play grou	Preschool/Daycare	
2. How does your child feel about sto	arting kindergar	rten?	

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3. Is your child in any Special Programs? Does your child have an IEP? Yes	s or No
ESE504ESOL/ELLSpeechLanguageOTPT 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:IndependentlyWith GuidanceNot y 6. Recognizes letters:AllSomeNo 7. Recites the alphabet:YesNo 8. Recognizes numbers:YesSomeNo	⁄et
9. Can count to:100+1005020Som 10.Identifies basic shapes:YesSomeNo 11.Identifies basic shapes:YesSomeNo	ne
12. How would you describe your child:	
13. Please list 4 positive things about your child.	
1 3	
2 4	
14. As a parent, do you have any hobbies, talents, resources to share with class?	your child's
15. Do you give permission for your child's picture to be put on the teache	r's website,
per the SJCSD Release of Student Directory Information Options?Yes	No
16. Do you give permission for your child's picture to be printed in the news	spaper if
his/her class is recognized by the media per the SJCSD Release of Student I	Directory

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!

Information Options? __Yes __No