



_____ (school year)

Ocean Palms Elementary School Parent Questionnaire KINDERGARTEN STUDENT

Student's Name: _____ Nickname: _____ Gender: F M

Date of Birth: _____ Age entering Kindergarten: _____

Address: _____

FAMILY

Student lives with: Both Parents Mother Father Guardian

Siblings (names, ages/grades): _____

Mother: _____

Father: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

*Legal Guardian: _____ Cell Phone: _____

Email: _____ *Court Order is Required

SCHOOL

Has your child participated in? VPK Preschool Home Child Care ESE PreK

SPECIAL PROGRAMS

Does your child receive Special Education Services? Does your child have an IEP? Y N

 ESE 504 ESOL/ELL Speech Language OT PT Other: _____

HEALTH CONCERNS

Health concerns/dietary needs/allergies: _____

How does your child feel about starting Kindergarten? _____

Emotional concerns such as fears/anxieties: _____

LEARNING AND OTHER INFORMATION

My child can read: Independently With Guidance Not yet

Recognizes letters: All Some No

Recites the alphabet: Yes No

Recognizes numbers: Yes Some No

Can count to: 100+ 100 50 20 Some

Identifies basic colors: Yes Some No

Identifies basic shapes: Yes Some No

List 4 positive things about your child:

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

Is there anything else you would like to share about your child?

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