

Completed by/relationship: _____

Duniway Kindergarten Family Questionnaire

Child's Name: _____ Preferred pronouns: _____
(please include pronunciation, if appropriate)

My child lives with:

Does your child live at more than one address? (please circle) No Yes
If yes, please provide all addresses on PPS registration form.

Comments: _____

Other children in your family	Age/Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any past experience your child has had in a school/child care setting:

How is your child feeling about starting K? Any fears/separation anxiety?

How are you feeling about your child starting K?

What are your child's strengths? (Social/Emotional/Academic)

What are your hopes/dreams for your child this year? What do you want them to learn in Kindergarten?

Characteristics of your learner (circle one)

My child:

Gets along well with peers Consistently Often Sometimes

Is eager to try new/challenging things Consistently Often Sometimes

Follows directions independently Consistently Often Sometimes

Manages personal needs (toileting, hygiene) Consistently Often Sometimes

Responds reasonably to disappointment Consistently Often Sometimes

Identify letter names and sounds None Some Many

How high can your child accurately count? _____

Comments: _____

How much structure do you feel your child needs to be successful? (circle one)

HIGH MEDIUM LOW

Comments: (i.e. has difficulty with changes in routine, benefits from clear boundaries, etc.)

Do you have any other thoughts/information you'd like to share with us?
(Family customs, needs as a learner, allergies, medical issues, interests etc.)

Thank you for sharing your valuable knowledge and insight with us. We look forward to getting to know you and your child in the coming year!