Kindergarten Entry

Student Name: ____________________________

School: _________________________________

Birthdate: _______________________________

The information collected through this questionnaire will provide valuable information to teachers and support staff as they plan programs that will address the various interests and needs of the children within the kindergarten classroom.
Kindergarten Questionnaire

Self-Help Skills:
1. My child washes and dries own hands without help. 
   Yes  No
   Yes  No
   Yes  No
4. My child buttons clothing. 
   Yes  No
5. My child usually takes care of personal belongings. 
   Yes  No
6. My child is toilet trained. 
   Yes  No
7. My child can zip and unzip items of clothing independently. 
   Yes  No
8. My child can put on and fasten velcro shoes. 
   Yes  No

Comments:____________________________________________

Academic Readiness:
1. My child counts to 5 _____, 10 _____, or beyond _____. 
   Yes  No
2. My child understands the concept of number (1 to 5). 
   Yes  No
3. My child points to and names pictures in books. 
   Yes  No
4. My child understands stories read to him/her. 
   Yes  No
5. My child tries to read books from memory. 
   Yes  No
6. My child recognizes his/her name in print. 
   Yes  No
7. My child can print his/her name. 
   Yes  No
8. My child can recognize most basic colours. 
   Yes  No

Comments:________________________________________________________________________

Visual/Fine Motor:
1. My child prefers to use... Left Hand Right Hand Unsure
2. My child uses pencils and or crayons. 
   Yes  No
3. My child tries to stay within the lines when colouring a picture. 
   Yes  No
   Yes  No

Comments:________________________________________________________________________

Physical:
1. My child walks and runs well (rarely falls or bumps into things). 
   Yes  No
2. My child usually goes up and down stairs without difficulty. 
   Yes  No
3. My child appears to have good physical health and stamina. 
   Yes  No

Comments:________________________________________________________________________
Health Information:
The school should be aware of the following health information about my child:

1. (a) Life-Threatening Allergies:_____________________________________________________________________________

1. (b) Allergies/asthma/other medical conditions: __________________________________________________

2. Sleeping patterns: __________________________________________________

3. Medications: ___________________________________________________________

4. Were there any concerns regarding pregnancy, delivery or infancy? Yes No
5. Were there any concerns regarding early development? Yes No
6. My child has had a vision test. Yes No
7. My child should wear glasses at school. Yes No

Comments:_________________________________________________________

Social/Emotional/Self-Reliance:

1. My child is involved in: Home Day Care Child Care Setting Organized Community Activities

Length of Time: __________________________

2. In this setting, my child enjoys: ________________________________________________

3. My child’s favourite activities are: _____________________________________________

4. When my child does not get his/her own way, he/she often will:

5. Words to describe my child’s personality: (e.g., active, outgoing, quiet, easy-going, aggressive, nervous, excitable, happy, etc.)

6. When my child is asked to do a challenging task, he/she often will:

7. When my child is in a new situation, he/she often will:

8. Has your child experienced any significant changes in his/her family life? (e.g., birth of a baby, death of a family member, moving, separation/divorce, etc.) Yes No

9. My child usually plays well with at least one child. Yes No

10. My child interacts easily with adults. Yes No

11. My child uses toys safely and appropriately, most of the time. Yes No

12. My child engages willingly in new activities. Yes No

13. My child usually continues an activity without constant attention and encouragement. Yes No

14. My child is unusually shy. Yes No

Comments:________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Speech/Language:

1. My child's first language is: ______________________________________________________

2. Other languages spoken in our home include: _______________________________________

3. My child can tell his/her first name and last name. Yes  No

4. My child can name many objects. Yes  No

5. My child follows two step directions. (e.g., touch your nose, then clap your hands). Yes  No

6. Other people usually understand my child's speech. Yes  No

7. My child speaks in sentences of four or more words. Yes  No

8. My child can use some personal pronouns (e.g., he, she, her, him) appropriately. Yes  No

9. My child can verbalize personal needs such as hungry, thirsty, sleepy. Yes  No

10. My child can tell or retell a story. Yes  No

11. My child has experienced several ear infections. Yes  No

12. My child has had middle ear tubes inserted. Date: ____________________________ Yes  No

13. My child has experienced a hearing test. Results: ____________________________ Yes  No

14. My child has received, is receiving, or is on a waiting list for speech and language services from a community agency. Yes  No

15. I have concerns about my child's speech and language. Yes  No

Comments:_____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Special Services:

1. Are there any community agencies currently providing support to your child? Yes  No
   If yes, please list the agency and describe the services provided.
   (e.g., CCAC, Renfrew Developmental Services, CHEO).
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. Does your child have any assessment reports which can be provided to the school? Yes  No
   If yes, please list /date the report(s).
_____________________________________________________________________________

Thank you for taking the time to complete this form. It will provide valuable information to school personnel who may be involved in planning your child's learning.

I give my consent for the School Board Services to review this information as necessary.

_________________________________________  ____________________________
Parent/ Guardian Signature                                                       Date