KINDERGARTEN QUESTIONNAIRE

Hello Future Kindergarten Partners,

We are excited to welcome you and your child to the kindergarten program in the Central Kitsap School District. The purpose of this questionnaire is for your child’s kindergarten teacher to get to know your child and to be able to better meet their learning needs as they begin their Kindergarten adventure. We want to establish a strong and collaborative relationship with your family in support of Central Kitsap School District’s mission to equip our students with the knowledge and skills to succeed and prosper in an ever-changing global society.

Thank you for your thoughtful feedback.

Jill Carlson
Executive Director of Elementary Teaching and Learning
Central Kitsap School District

1. Student Legal Name:________________________ Name used at school:____________________ D.O.B.________

2. Parent/Guardian Name:________________________________________ Date:____________________

3. How will your child be transported to school? □ Bus □ Walk □ Parents

4. Has your child attended Preschool and/or Day Care? □ Yes □ No If yes, please specify:

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<th>Name of School</th>
<th>Preschool</th>
<th>Day Care</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>When</th>
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5. Did you attend Ready! for Kindergarten parent classes? □ Yes □ No How many? __________________________

6. With whom does your child play best?
   □ Alone      □ With older children      □ With younger children      □ With children of the same age

7. What are your child’s favorite activities?_________________________________________________________

8. How much exposure has your child had with reading at home? _________________________________________

9. Will you want your child to take part in holiday/birthday celebrations? □ Yes □ No
   Comments:____________________________________________________________________________________

Name of School
Preschool
Day Care
Contact Name
Contact Phone
When
10. Does your child have any health problems the school should be aware of? □ Yes □ No
   If yes, please specify:________________________________________________________________________________________

11. Does your child have any allergies? _________________________________________________________________
   Does your child take medication for allergies? □ Yes □ No  If yes, please specify: __________________________________

12. Is your child right- or left-handed? _________________________________________________________________

13. Does your child have any special challenges that we should be aware of? ________________________________
   _______________________________________________________________________________________________

14. What else would you like your child's teacher to know about your child? ________________________________
   _______________________________________________________________________________________________

15. Would you be interested in volunteering in the classroom? □ Yes □ No
   If yes, what day is best for you? ____________________
   (Volunteer Application and Disclosure Form available in school office or http://www.ckschools.org/about/volunteer)

16. Family members or friends your child most enjoys spending time with and some of the things they do with your child? _________________________________________________________________

17. What helps your child feel more comfortable in new social situations? ________________________________
   _______________________________________________________________________________________________

18. How does your child respond to new situations or challenges? ________________________________________
   _______________________________________________________________________________________________

19. My child lives with _____ other children. Their names and ages are _______________________________________
   _______________________________________________________________________________________________

20. What language does your child use the most at home? _________________________________________________

21. The best way to reach my family is _________________________________________________________________
   The best time to reach my family is
   _____ morning  _____ afternoon
   _____ evening  _____ weekend

22. This is the best phone to reach us _________________________________________________________________

23. This is the best email to reach us _________________________________________________________________