



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 home: _____ 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:

Name of School	Preschool	Day Care	Contact Name	Contact Phone	When
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

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: _____

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. The best way to reach my family is _____
The best time to reach my family is
_____ morning _____ afternoon
_____ evening _____ weekend
21. This is the best phone/email to reach us _____