

**Juneau School District
Kindergarten Parent Questionnaire**

You as the parent are your child's first and most important teacher. Please help us make this year successful for your child by assisting us with the following information.

Child's name (first, middle, last): _____

Name to be used at school: _____

Date of birth: ____/____/____
month day year

Parent's name: _____

Names of brothers and sisters and their ages:

Family pets: _____

Did your child attend a preschool? ___ Yes ___ No

Where does your child go after school? (name/address)

If your child lives in more than one home, please give other addresses as well.

It is important for your child to know and be able to share the following information.

	When asked, can your child tell an adult the following things?			Can your child do the following things without help?			
	yes	no	don't know	yes	no	don't know	
Full name	___	___	___	Zip jacket, fasten coat	___	___	___
Phone number	___	___	___	Tie own shoes	___	___	___
Address	___	___	___	Take care of own toilet needs	___	___	___
Where they go after school?	___	___	___				
Where you are during the day?	___	___	___				

To help us understand your child's interests, please check the following:

Does your child:	never	sometimes	often	(how often?)
Enjoy watching T.V. or home videos	___	___	___	_____
Enjoy doing video games or computer	___	___	___	_____
Enjoy playing outside in all weather	___	___	___	_____
Enjoy playing alone	___	___	___	_____
Enjoy playing with others	___	___	___	_____
Enjoy visiting a library	___	___	___	_____
Enjoy drawing or painting	___	___	___	_____
Enjoy listening to stories	___	___	___	_____
Enjoy having books read aloud	___	___	___	_____
Enjoy looking at books	___	___	___	_____

What places in the Juneau area do you and your child enjoy visiting?

Has your child traveled outside of our area? Where?

Are you planning any trips during the school year? Where and when?

What are your child's favorite books?

Name several areas of interest for your child.

What holidays do you celebrate as a family, including any special cultural days?

Are there holidays that you would prefer your child does not celebrate at school? (please list)

Please describe methods of discipline that you find effective with your child.

Describe your child's fears.

Describe the things that your child does well or things that are avoided.

What goals do you have for your child in Kindergarten?

How will your family be involved with your child's Kindergarten program?

Please indicate any special information concerning recent changes in your child's life, such as divorce, death, emotional upsets, moving, family problems of any kind, etc. (We do not need to know details, but need to be aware that the child is in a situation where changes are occurring.)
