

Student's Legal Name School Name

**Higley Unified School District #60 Kindergarten Questionnaire**

# SOCIAL EXPERIENCES

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| **YES** |
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| **NO** |
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1. Are there any custody issues of which your child's teacher needs to be aware?

If yes, please explain:

1. Has there been a recent divorce, death or illness in the family?

If yes, please explain:

1. Has your child attended Preschool?

Name of School: How Long:

1. Does your child play quietly or actively?
2. With whom does your child play? Mark all that apply.

 Alone \_\_ Older Children \_\_ Younger Children \_\_ Children of the Same Age

# DEVELOPMENT

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| **YES** |
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| **NO** |
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1. Does your child have any health problems or allergies?

If yes, please explain:

1. Does your child dress him/herself?
2. Is your child able to print his/her first name?
3. Is your child able to print his/her last name?
4. Is your child able to be in new or strange situations without becoming anxious?
5. Can your child take care of his/her own toilet needs?
6. What would you say are your child's strengths?
7. What would you say are your child's weaknesses?
8. What motivational techniques are successful with your child?
9. Is your child right or left handed? \_\_

# SCHOOL ADJUSTMENT

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| **YES** |
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| **NO** |
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1. Is your child able to sit still and listen to a story for 10 minutes?
2. Does your child listen without interrupting while someone else talks?
3. Is your child able to share and take turns?
4. Does your child know his/her phone number?
5. Does your child know his/her address?
6. What do you expect your child to acquire through the kindergarten experience?

7. What else would you like your child’s teacher to know about your child?

Signature of Parent/Guardian Date