

# Crescent Kindergarten Parent Survey

Child's name \_\_\_\_\_

**This survey is only to be used to help the teacher get to know your child better. If there are any questions you would rather not answer, please feel free. Please answer by circling the appropriate response or writing a short answer. Thank you.**

Has your child attended preschool? \_\_\_\_\_ Where? \_\_\_\_\_

How long? \_\_\_\_\_

What outdoor activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What indoor activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

Does your child watch television? \_\_\_\_\_ Hours per day \_\_\_\_\_

Does your child enjoy stories and books? \_\_\_\_\_

Does your child get read to? \_\_\_\_\_ How often? \_\_\_\_\_

Is your child able to remember songs and rhymes? \_\_\_\_\_

Has your child had experiences with paints and crayons? \_\_\_\_\_ Scissors? \_\_\_\_\_

Do you celebrate birthdays in your home? \_\_\_\_\_

Are there any holidays in which you do not wish your child to take part? \_\_\_\_\_

\_\_\_\_\_

Does your child have any health problems the school should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies the school should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your child dress him/herself (mostly)? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_ No preference? \_\_\_\_\_

At what age did your child: Walk alone? \_\_\_\_\_ Talk in sentences? \_\_\_\_\_

Is your child able to print his/her first name? \_\_\_\_\_

Is your child aware of such dangers as fire, traffic and strangers? \_\_\_\_\_

How does your child react to new and/or strange situations? \_\_\_\_\_

\_\_\_\_\_

What kinds of problems do you have most often with your child? \_\_\_\_\_  
\_\_\_\_\_

What forms of discipline do you use most often with your child? \_\_\_\_\_  
\_\_\_\_\_

What forms of discipline do you expect in school? \_\_\_\_\_  
\_\_\_\_\_

Can your child usually manage his/her own toilet needs? \_\_\_\_\_

Please describe your child (shy, outgoing, stubborn, etc.) \_\_\_\_\_  
\_\_\_\_\_

What do you see as your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

How would you describe any weaknesses? \_\_\_\_\_  
\_\_\_\_\_

Is your child able to sit still and listen to a story for at least 5 minutes? \_\_\_\_\_  
\_\_\_\_\_

Is your child able to share and take turns? \_\_\_\_\_

What do you expect your child to develop as a result of the kindergarten experience? \_\_\_\_\_  
\_\_\_\_\_

What else would you like your child's teacher to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in working in your child's classroom? \_\_\_\_\_

What is the best time to contact:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other caretaker (name) \_\_\_\_\_