



Forest Hills Public Schools Kindergarten Parent Questionnaire

Child's Name _____ Birthday _____ Gender _____

Name Child Uses: _____

This questionnaire will be given to your child's new teacher to help her become acquainted with your child. **Your child is not required to master the skills on this questionnaire to begin kindergarten.** Please answer each question on **both the front and back of the form** and return it to your child's school as soon as possible. Thank you for taking the time to complete the questionnaire.

In the past year, has your child participated in any of the following: (please check all that apply)

| | | |
|----------------------|-------------------------|--------------------|
| ____ In-home daycare | ____ Commercial daycare | Name of Daycare: |
| ____ Stay at home | ____ Preschool | Name of Preschool: |

Are there other children living in your home? If yes, what are their ages? _____

| | Not yet | With support or prompting | Most of the time | Consistently |
|--|---------|---------------------------|------------------|--------------|
| Interpersonal skills | | | | |
| Can express his/her needs and feelings | | | | |
| Responds to and makes verbal greetings at appropriate times (says "good morning" or "hi" if prompted by a familiar adult) | | | | |
| Engages in conversation with peers | | | | |
| Shares and takes turns with peers | | | | |
| Resolves conflicts with peers without physical contact (e.g., agrees to share or take turns) | | | | |
| Exhibits impulse control and self-regulation (e.g., uses appropriate words to show anger when a toy is taken by another child and shows some patience when waiting for his/her turn) | | | | |
| Participates in group situations | | | | |
| Follows 2-step requests (e.g., "Please pick up the ball AND THEN go get your coat.") | | | | |
| Asks for help when needed | | | | |
| Motor development | | | | |
| Moves purposefully from place to place with control (e.g., avoids obstacles and people while moving) | | | | |
| Manipulates two small objects at the same time (e.g., stringing beads, Legos) | | | | |

| | Not yet | With support or prompting | Most of the time | Consistently |
|--|---------|---------------------------|------------------|--------------|
| Uses pencils or crayons with increasing precision (e.g., legible letter formation, drawings, and coloring) | | | | |
| Cuts along a straight line | | | | |
| Emerging independence Can say first name when asked | | | | |
| Uses the bathroom, wipes, and washes hands independently | | | | |
| Gets dressed with minimal help | | | | |
| Fastens buttons and zips zippers | | | | |
| Separates easily from parent without becoming upset | | | | |
| Approach to Learning Willing to try new things | | | | |
| Approaches tasks with flexibility | | | | |
| Can ignore most distractions to complete a task | | | | |
| Shows curiosity and creativity | | | | |
| Can sit quietly in a group for up to 10 minutes | | | | |
| Is able to transition from one activity to another when asked to do so by an adult | | | | |
| Basic knowledge-Literacy Can write first name independently | | | | |
| Can sing/say the alphabet | | | | |
| Recognizes the letters in the alphabet in random order | | | | |
| Enjoys reading or being read to | | | | |
| Basic knowledge- Math Can count to 10 | | | | |
| Can identify basic colors | | | | |
| Can identify common shapes | | | | |

Is there anything else you would like us to know about your child? (e.g., likes, dislikes, strengths, skills your child is currently working on, fears, etc.)