

# Woodridge Local School District

## KINDERGARTEN PARENT SURVEY

### **FAMILY BACKGROUND**

Child's Name \_\_\_\_\_

Name child would like to be called in school \_\_\_\_\_

Birth day \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_

Current Marital Status of Child's Parents \_\_\_\_\_

Other Children in Family	Age	Grade Level in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has there been a divorce, death, or illness in the family which might affect your child? Please explain. \_\_\_\_\_

### **SOCIAL EXPERIENCES**

1. Has your child attended preschool? Where and for how long? \_\_\_\_\_  
\_\_\_\_\_
2. Does your child enjoy books? \_\_\_\_\_
3. Do you read to your child? \_\_\_\_\_ How often? \_\_\_\_\_
4. Is your child able to remember songs or rhymes? \_\_\_\_\_

**DEVELOPMENT**

1. Does your child have any health problems I should be aware of? Please explain.

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2. Does your child have any food allergies? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

3. Is your child right- or left-handed? \_\_\_\_\_

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

5. Is your child able to be in a new or strange situation without an undue show of fear? \_\_\_\_\_

6. Does your child have any specific fears? \_\_\_\_\_

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7. Check the characteristics that apply to your child:

- cries easily
- sulks/pouts
- daydreams
- whines
- sucks thumb

- temper tantrums
- destructive
- bites nails
- easily angered
- anxious

- fearful in new situations
- eating problems
- does not like to share

8. How would you describe your child? \_\_\_\_\_

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9. What would you say are your child's strengths and weaknesses? \_\_\_\_\_

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**SCHOOL ADJUSTMENT**

1. Is your child able to sit still and listen to a story for 5-10 minutes? \_\_\_\_\_

2. Does your child listen without interrupting while someone else talks? \_\_\_\_\_

3. Does your child know his/her phone number? \_\_\_\_\_ address? \_\_\_\_\_

4. What do you expect your child to gain through the kindergarten experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Thank you for taking the time to fill out this questionnaire. It is always so helpful to have a more complete picture of each child. It is our goal to make this the best experience possible for your child.