

**WADSWORTH CITY SCHOOLS
KINDERGARTEN REGISTRATION
PARENT QUESTIONNAIRE**

Name of Child: _____ Date of Birth: _____

Address: _____

Questionnaire Completed by: Mother Father Relative Guardian Caregiver

With whom does the child live (include all members of the child's household)? _____

Has the child attended preschool or child care? Yes No

If yes, for how long, and where? _____

Do you suspect your child has difficulty in any area listed below? If yes, please check those that apply.

Vision Hearing Speech

Please explain if you checked an area above. _____

Check areas below which are difficult for your child:

Walking Climbing
 Reaching Holding small objects in hand
 Throwing a ball Jumping forward with both feet

Were there any problems during pregnancy or birth of the child? Yes No

If yes, please explain. _____

Was the child's birth premature? Yes No

If yes, please explain. _____

At birth, were there any concerns with the baby such as seizures or turning blue? Yes No

If yes, please explain. _____

Please continue to answer questions on page 2.

Kindergarten Parent Questionnaire

Page 2

Has your child ever had any major injuries or hospitalization?

Yes No

If yes, please explain. _____

Does your child take any medication?

Yes No

If yes, please describe. _____

Is your child toilet-trained during the day?

Yes No

Does your child need help with toileting?

Yes No

Check below all activities which your child does independently:

- Uses crayons to scribble or draw
- Listens to stories being read
- Enjoys playing alone
- Talks with friends or relatives who visit
- Eats with a fork and spoon
- Dresses himself/herself except for tying shoelaces
- Plays with blocks, Lego's, or other building toys
- Plays cooperatively with other children
- Turns the pages of a book and looks at the pictures
- Follows simple directions
- Speaks so that he/she is understood by others
- Expresses his/her needs with ease

What are your child's favorite activities? _____

Is there a concern (emotionally or behaviorally) that may challenge the learning process for your child?

Yes No

If yes, please explain. _____
