Mokapu Elementary School
Kindergarten Questionnaire

This questionnaire is confidential and your responses will be shared only with professional personnel and only if the information will help in planning an educational program for your child.

Child's Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

Father's/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Mother's/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Language(s) spoken at home: _____

1) Has your child attended pre-school? ☐ Yes ☐ No

If yes, name of pre-school: _____

For how long? (check one) ☐ 3 months or less ☐ 1 year

☐ 4-6 months ☐ More than 1 year

☐ 7-11 months

2) Other children in the family:

NAME	AGE
_____	_____
_____	_____
_____	_____

3) Adults who live with the family, other than the parents (eg. Grandparents, aunt, etc.)

_____

_____

HEALTH INFORMATION

1) Please check any health concern (s) that you or your doctor has noticed in your child:

☐ Asthma ☐ Bed Wetting ☐ Allergies

☐ Serious blows to head ☐ Headaches ☐ Nightmares

☐ Hyperactivity ☐ Frequent fevers ☐ Thumb sucking

☐ Nail biting ☐ Heart trouble ☐ Epilepsy (seizures)

☐ Sleep problems ☐ Chronic ear infections (more than 2 per year)

☐ Other physical problems (please explain) _____

2) Is your child presently on medication? ☐ Yes ☐ No

If yes, please specify: _____

3) Has your child had any significant injuries or hospitalizations?

☐ Yes ☐ No

If yes, please specify: _____

4) Does your child have any food allergies? ☐ Yes ☐ No

If yes, please specify: _____

5) Has your child had a hearing examination? ☐ Yes ☐ No

If yes, when? _____ Results: _____

6) Has your child had a vision examination? ☐ Yes ☐ No

If yes, when? _____ Results: _____

SOCIAL/EMOTIONAL/BEHAVIORAL INFORMATION

1) What do you consider to be your child's strength?

_____

_____

_____

2) What does your child enjoy doing?

_____

_____

3) Has there been a recent event in your child's life that may affect his/her behavior?

☐ Yes ☐ No

If yes, please explain (For example, a death in the family, parents' divorce, new step-parent, new baby, etc.):

_____

_____

4) Are there any behavior concerns at home at this time?

☐ Yes ☐ No

If yes, please explain: _____

_____

5) What kind of difficulties do you most often have with your child?

_____

_____

_____

6) How do you discipline your child:?

_____

_____

7) Do you have any concerns or worries about your child being in Kindergarten?

_____

_____

_____

8) Please list any other information you would like to share about your child.

_____

_____

_____

_____

_____ _____

(Signature of person filling out this questionnaire) Date

**********Thank you for taking time to fill out this questionnaire.**********

Please remember that if any questions or concerns arise during the school year, don't hesitate to send a note or call the office and leave a message for the classroom teacher to call you.