

FABIUS-POMPEY ELEMENTARY SCHOOL
Kindergarten Questionnaire

The following information will help in understanding and working with your child. Please take some time and answer the following questions.

Child's Full Name: _____ Nickname: _____

1. With whom has the child been living for most of the past year?

___ Father ___ Mother ___ Both ___ Other (Name of that person): _____

2. ___ # of brothers _____ Ages ___ # of sisters _____ Ages

3. Has your child attended a nursery school? _____ Yes _____ No

4. What nursery school? _____ How Long: _____

5. Does your child enjoy playing by himself/herself? _____

6. Does your child enjoy listening to stories? _____ Looking at or reading books? _____

7. How many hours per day does your child spend watching TV or playing video games? _____

8. What are his/her favorite programs? _____

9. Has your child used the following?

_____ Crayons _____ Pencils _____ Clay
_____ Scissors _____ Glue _____ Paints



10. Have you been aware of any of the following behaviors?

_____ Temper tantrums _____ Stubbornness _____ Destructiveness
_____ Excessive crying _____ Biting/pinching _____ Hitting/kicking
_____ Other _____

11. _____ Right-handed _____ Left-handed

12. Is any language other than English spoken in the home? _____

13. Can others easily understand your child's speech? _____

14. Is there any health problem the teacher should know about? _____

12. Does your child have any strong fears or dislikes? _____ Yes _____ No

If so, what are they? _____

13. Does your child show any particular nervous habits? _____
