ROSS VALLEY SCHOOL DISTRICT

BROOKSIDE • HIDDEN VALLEY • MANOR • WADE THOMAS • WHITE HILL

KINDERGARTEN STUDENT INFORMATION

Parent/Guardian, please complete the following questionnaire to help us become better acquainted with your child. **For School Year:** _____

1. **Child's Name:** _____ **Gender** ____ **Date of Birth** _____
2. **Parent/Guardian Name(s) (Child lives with):** _____

   Circle relationship: Mother/s Father/s Stepfather Stepmother Guardian Custodian
3. **Address:** _____ Phone # _____
4. **Parent/Guardian Name(s) (Child does not live with):** _____
5. Circle Relationship: Mother/s Father/s Stepfather Stepmother Guardian Custodian

   Address: _____ Phone # _____
6. **Parent/Guardian Work Information:**

   Name_____
7. Relationship _____Work Phone # _____

   Employed by (name & address): _____
8. Name_____
9. Relationship _____Work Phone # _____

   Employed by (name & address): _____
10. **Do you speak another language other than English in your home?** Yes _____ No _____

If 'yes', which language? _____

11. **If you want your child to be known by a shortened variation or nickname rather than his/her "formal" name, please write the name here** _____
12. **Names and ages of siblings:** _____

    _____
13. **What does your child's bedtime routine look like?**_____

    _____

14. **What responsibilities does your child have at home (ie. dressing oneself, picking up toys, etc.)?**

_____

_____

15. **What types of consequences and incentives do you use to redirect your child's behavior?**

_____

_____

16. **Does your child having any diagnosed disability which could affect his/her learning (examples: ADD, autism or other spectrum disorder, physical disability, sensory processing disorder)?**

_____

_____

17. **Is there another child your child learns best with and/or should be separated from?**

_____

_____

18. **Has your child had pre-school experience? Yes _____ No _____**

If Yes, how many hours per day? _____ At what age did s/he begin?_____
Name of Pre-School _____

Name of teacher _____ School Phone # _____

19. **If no pre-school experience, has your child had childcare experience?** Yes _____ No _____

20. **What does your child like to do at home?**_____

at pre-school or with childcare? _____

21. **What is your child's order of birth in your family?** _____

22. **What pleases you most about your child's development?** _____

_____

23. **What concerns you most about your child's development?** _____

_____

24. **How does your child feel about coming to Transitional Kindergarten?**

Apprehensive? _____ Not sure? _____ Excited? _____

Comment(s) _____

_____

25. **Dominant Side**

Left _____ Right _____ Ambidextrous _____

26. **What are your expectations for your child's Transitional Kindergarten experience?** _____

_____

_____