



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

TRANSITIONAL 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? _____
