



EAST LYME PUBLIC SCHOOLS

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KINDERGARTEN PARENT QUESTIONNAIRE

In kindergarten, a child prepares not only for his/her future years in school, but also for the rest of his/her life. In most instances, kindergarten children start school on the basis of their age. However, all five-year-old children are not at the same level of development.

*Children are alike in many ways.
Each goes through the same stages of growth,
Yet each is different from all others.*

To allow us to get a more complete image of your child, your assistance is needed. Please complete the *Parent Questionnaire*. We ask that you answer the questions on this form as objectively as possible. **There are no right or wrong answers.** Your answers should be those that give an honest description of your child. Your responses to the questionnaire will be kept confidential.

This description, along with the information we'll receive during the Kindergarten Screening, will be of help to us. The team will utilize it as we determine our recommendations about which is the best educational environment for your child for the coming school year. Thank you for taking the time to provide us with this information.

PLEASE RETURN THE COMPLETED QUESTIONNAIRE WITH YOUR CHILD'S REGISTRATION PAPERWORK.

East Lyme Public Schools will inspire, engage and educate each student to become a contributing citizen and a responsible, independent, and critical thinker.

KINDERGARTEN QUESTIONNAIRE

Child's Name (First, Middle, Last)

Name Usually Called

Sex

Date of Birth (Month, Day, Year)

Address

Phone Number

Parents'/ Guardians' Name

Child resides with:

Both Parents ____ Father ____ Mother ____ Stepfather ____ Stepmother ____ Other ____ Please Specify _____

Other children in the family:

Name _____ Age ____; Name _____ Age ____; Name _____ Age ____;

Name _____ Age ____; Name _____ Age ____; Name _____ Age ____

Other in home:

Name _____ Relationship _____

Name _____ Relationship _____

Parents' Occupation:

Father: _____ Phone: _____

Mother: _____ Phone: _____

Name of Child: _____

DEVELOPMENTAL HISTORY

PHYSICAL: Does your child have any physical handicaps to which the teacher should be aware? (Heart disease, vision or hearing problems etc.)

Is your child taking any medication regularly? (Please list) _____

Does your child have allergies? _____ If so, what are they? _____

Does your child nap? _____ Tire easily? _____ Have spurts of energy? _____

Should your child be reminded to use the bathroom? _____ How often? _____

Does your child sleep through the night? _____ Have trouble falling asleep? _____

Awaken early? _____ Have nightmares? _____ Sleepwalk? _____

Does your child eat well? _____ Is your child a fussy eater? _____

SPEECH: At about what age did your child talk (words and short phrases)? _____

Is your child hard to understand? Yes _____ Sometimes _____ No _____

Does your child talk an average amount? Yes _____ Constantly _____ Very Little _____

Can your child understand others? _____ Has some trouble understanding? _____

Is a language other than English spoken at home? _____ If so, what language is used? _____

Name of child: _____

SKILLS AND ACTIVITIES/ COORDINATION:

Large muscles (running, climbing): Skillful _____ Average _____ Awkward _____

Small muscles (coloring, jig-saw puzzles): Skillful _____ Average _____ Awkward _____

Can child dress (button, zip, snap): Independently _____ With help _____ Unable _____

Can child recognize colors? _____ What are your child's favorite activities? _____

Does your child watch television? _____ Average amount of time daily? _____

PERSONAL TRAITS:

Does child cry easily? _____ Need a great deal of reassurance? _____ Have temper tantrums? _____

Does child stay with other people reluctantly? _____ Easily? _____ Is child a worrier? _____ Hard to handle? _____

Fearful? _____ Does your child fear (dark, storms, doctors, animals, etc.)? _____

What type of discipline would your child respond to best in school? _____

SOCIAL:

Group experiences (day care, camp, church, Parks & Recreation program, library, etc.)? _____

Name of child: _____

Has your child been provided a preschool experience (Nursery school, Headstart, Public School program, etc.) ? _____ How many years? _____

Does your child usually play alone? _____ With others? _____ Are playmates mostly child's age? _____ Younger? _____ Older? _____

What do you consider your child's strong points?

Is there anything else you would like to mention which might help your child be successful in school? (Please use reverse side if necessary)

Parent/ Guardian Signature

Date

Relationship to child