

SCHOOL QUESTIONNAIRE

(To be prepared by parents of beginning students)

Date: _____

1. Name _____ Nickname _____
2. Address _____ Phone No. _____
3. Date of Birth _____ Age as of Sept. 1 _____ years _____ months

4. Names and ages of brothers and sisters:

Name	Age	Name	Age

5. Parent's names: _____ Mother _____ Occupation _____
_____ Father _____ Occupation _____
6. Please list or discuss any health concerns, allergies, etc. which the teacher should be aware of.

7. Please check the appropriate column concerning your child's personality.

	NEVER	OCCASIONALLY	OFTEN
Fearfulness	()	()	()
Stubbornness	()	()	()
Overly Active	()	()	()
Whininess	()	()	()
Temper	()	()	()
Aggressiveness	()	()	()
Disobedience	()	()	()
Destructiveness	()	()	()
Tearfulness	()	()	()
Destructibility	()	()	()

8. If your child attended nursery school, please give name and the number of months attended.

9. Are there children of your child's age in the neighborhood? _____ Does he play well with them?

10. How often is your child read to at home? _____

11. Is your child right _____ left _____ handed or either _____?

12. Please describe your child's general nature, likes, dislikes, special interests, abilities, attitude about starting kindergarten, any areas of concern which you have about your child's readiness for school, etc. Please feel free to express yourself as our intent here is to provide the best possible emotional, physical and learning climate for your child the first day of school.

13. Please list any special talents, interests, hobbies, etc. which you have which you would be willing to share with our class.
