



Lexington Public Schools

Kindergarten

Parent/Guardian Questionnaire

School: _____

Teacher: _____

Student Name: _____

DOB: _____

Address: _____

Phone: _____

1. Family Information

Parent(s) or guardian(s): _____

Sibling(s) (name/s and age/s): _____

Sibling(s) living outside the home: _____

Others living in the home and their relationship to child: _____

Parents/guardians: Please check one:

- Single Married Partnered Separated Divorced Widowed Remarried

Custody/visitation arrangements, if pertinent: _____

Non-custodial parent address and phone numbers, if applicable: _____

If applicable, should school correspondence go to both addresses? YES NO

Parents/guardians occupations and work hours: _____

Do any of the parents/guardians travel for work? YES NO

How often? _____

2. Child Care/Prior Schooling:

Childcare and school arrangements prior to Kindergarten:

Birth to 12 months:

a) 1-2 years: _____

b) 2-3 years: _____

c) 3-4 years: _____

d) 4-5 years: _____

e) 5-6 years: _____

Were you, as parents/guardians, satisfied with these arrangements? _____

Were additional supports, interventions or evaluations needed? _____

If so, please explain when? _____

What are your current after-school arrangements for your child? _____

What language(s) are spoken at home? _____

If your child's primary language is NOT English, what has been your child's experience with English?

What is the first language spoken to your child and what was the first language your child spoke? _____

3. Health and Development

Is your child (Check one)

- Biological
- Adopted
- Foster
- Step
- Other

Were there any concerns regarding the pregnancy and/or birth of this child? Yes No

If yes, please explain: _____

Birth weight: _____

Did your child require any special care during infancy? Yes No

If so, what kind of care? _____

Please check any issues your child has experienced:

- Significant illnesses
- Hospitalizations
- Surgeries
- Accidents
- Allergies
- Glasses
- Eating problems
- Ear infections
- Hearing problems
- Sleeping problems
- Other

Please explain any issues you checked above or any other concerns your child has had: _____

At what age did your child:

- a) Speak single words? _____
- b) Speak in phrases? _____
- c) Walk independently? _____
- d) Ride a tricycle? _____
- e) Dress self? _____

Do you have any concerns regarding your child's speech? _____

What is your child's hand preference?

- Right Left Not yet determined

At what age was your child bladder trained? Day _____ Night _____

Bowel trained? Day _____ Night _____

Are there any toileting issues you would like the school staff to be aware of? _____

4. Social Development

Please respond to the following statements:

My child:	Never	Rarely	Sometimes	Often	Always
shares and plays well with sibling(s)/family members.					
listens to and follows the directions of adults.					
plays well with other children his/her age.					
is comfortable with new people.					
has friends over to play.					
has played at a friend's house.					
separates easily from parent/guardian/caregiver.					

What are your child's particular strengths and interests? _____

Please describe any social and/or behavioral challenges that your child experiences. _____

Has your child had any significant losses such as deaths, moves, or emergencies? Yes No

If yes, please describe: _____

Please describe any fears your child might have: _____

What strategies would you recommend in responding to your child when he/she is in distress? _____

How does your child feel about coming to Kindergarten? _____

Are there any further comments, questions, or concerns about your child that you would like to express? _____

Thank you for completing this questionnaire

Signature: _____ Date: _____

Relationship to child: _____