

Kindergarten Questionnaire

Student's Name: _____

1. Has your child attended preschool? If so, where and how many days per week?

2. What is the primary language spoken at home?
If a language other than English is spoken at home:
Does your child understand English?

Is he/she able to communicate in English?

3. Please describe any physical or emotional concerns that may affect your child's progress.

4. Has your child been tested or evaluated by any special services personnel?
If yes, give results:

5. Is there anything you would like to add about your child that would help us better serve his/her needs?

6. Church Affiliation _____