

**WATERVLIET CITY SCHOOL DISTRICT
KINDERGARTEN QUESTIONNAIRE**

Student Name: _____ Date of Birth: _____
(MM/DD/YYYY)

Has your child attended: ___ Head Start ___ Day Care Center ___ Nursery School

Pre-Kindergarten: ___ Yes ___ No

How many days per week did your child attend? _____
___ Full Day ___ Half Day Number of months in program? _____

May we contact the school for information? ___ Yes ___ No

At what age did your child begin to walk? _____

At what age did your child begin to talk? _____

Can people other than family understand your child's speech? ___ Yes ___ No

Which hand does your child use more readily? ___ Right ___ Left ___ Undetermined

Does your child make friends easily? _____

Does your child play well with other children? _____

Does your child play well with children who are younger? _____

Does your child accept changes in schedule without getting upset? _____

Is there anything regarding your child that the teacher should be made aware of?

Signature of Parent/Guardian

Date