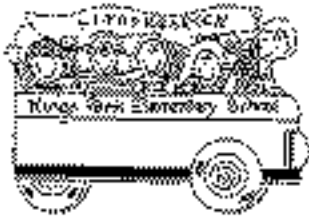


KINGS PARK KINDERGARTEN PARENT QUESTIONNAIRE



Please help the Kings Park staff learn as much as we can about your child so that your child's kindergarten year can be a most successful one!

CHILD'S NAME:

GENDER (male/female): _____

BIRTHDATE (month/day/year): _____

SUBDIVISION (such as Lakepointe, Queensgate, Cardinal Estates):

SIBLINGS (name/age): _____

- What name does your child prefer?
- Does your child attend (check all that apply):
 - Home daycare
 - Commercial daycare (such as Children's World, Kindercare)
 - Preschool
- *How many days a week?*
- *Name of school?*
- Does your child speak a language other than English? Yes No
- *If yes, what language(s)?* _____
- Does your child:
 - Play well with other children? Yes Sometimes Not yet
 - Share and take turns? Yes Sometimes Not yet
 - Make and keep friends? Yes Sometimes Not yet
 - Resolve differences without hitting? Yes Sometimes Not yet
- *Comments:*
- Does your child recognize and name the letters of the alphabet when shown in random order? All Some Not yet

PLEASE CONTINUE

