

West Springfield Kindergarten Parent Questionnaire

Please help the WSES 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: _____

Birthdate: _____
MM/DD/YY

• What name does your child prefer? _____

• Does your child attend (check all that apply):

- Home daycare
- Commercial daycare
- Preschool

- How many days a week?
- Name of school?

• 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 conflicts with 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

• Does your child look at books with pictures and pretend to read?
 Yes Sometimes Seldom Not yet

• Can your child print his/her first name?
 Yes Sometimes Not yet

(over)