

Green Valley Elementary School Kindergarten Survey



Student Full Name: _____ Age: _____ Birthday: _____

Name child goes by: _____ Parent/Caregiver Name: _____

	Yes	No	I Don't Know
Is your child currently enrolled in a preschool program?			
If yes, what preschool?			
Is any language other than English spoken at home?			
If yes, please list language(s)			
Is your child able to take care of his/her own belongings? (Such as toys, backpack, lunchbox, etc.)			
Does your child dress him/herself?			
Does your child take care of toilet needs?			
Does your child hold a pencil/crayon correctly?			
Does your child hold scissors correctly?			
Does your child sit still for 15 minutes to listen to a story?			
Does your child seem overly restless or fidgety?			
Does your child follow directions/requests?			
Can your child's speech be understood?			
Does your child know his/her name?			
Does your child write his/her first name?			
Does your child recognize some letters of the alphabet?			
Can your child read?			
Does your child retell a simple story?			
Does your child recognize some numbers?			
Does your child recognize shapes?			
Does your child like to play games?			
Can your child count?			
If yes, how high?			

Green Valley Elementary School Kindergarten Survey



	Yes	No	I Don't Know
Is your child able to entertain him/herself for at least 20 minutes without TV or video games?			
Does your child any serious behavior problems?			
- Defiance of adults?			
- Aggression towards others?			
Is your child afraid of anything?			
If yes, please explain:			
Has your child had any of the following in the last 6 months? <ul style="list-style-type: none"> - Serious illness - Death in the family - Moved or plan to move - Birth of a sibling - Separation or divorce of parents - Other - Comments: 			
Does your child receive any special education services or have any special needs?			
If yes, please explain			

Parent/Guardian Signature _____