

**DELAVEAGA ELEMENTARY  
TRANSITIONAL KINDER/KINDERGARTEN QUESTIONNAIRE**

Date \_\_\_\_\_

**FAMILY BACKGROUND**

Child's Name \_\_\_\_\_

Name to be used in school \_\_\_\_\_

Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail (optional) \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

E-Mail (optional) \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_

Other Children in the Family	Birthdate	Grade Level in School
------------------------------	-----------	-----------------------

<hr/>	<hr/>	<hr/>
-------	-------	-------

<hr/>	<hr/>	<hr/>
-------	-------	-------

<hr/>	<hr/>	<hr/>
-------	-------	-------

<hr/>	<hr/>	<hr/>
-------	-------	-------

Other adults living in the home \_\_\_\_\_

Has there been a divorce, death, illness or other stressful situation in the family that might affect your child? \_\_\_\_\_

**SOCIAL EXPERIENCES**

Has your child attended preschool? \_\_\_\_\_ For how long? \_\_\_\_\_

What was the name of the preschool? \_\_\_\_\_

What did your child enjoy most about preschool? \_\_\_\_\_

Does your child play quietly or actively? \_\_\_\_\_

With whom does your child play? Alone \_\_\_\_\_ With older children \_\_\_\_\_

With younger children \_\_\_\_\_ Children his/her own age \_\_\_\_\_

Would you say your child is a leader or follower? \_\_\_\_\_

What activities does your child enjoy outdoors? \_\_\_\_\_

What activities does your child enjoy indoors? \_\_\_\_\_

Does your child enjoy books? \_\_\_\_\_ How often do you read to your child? \_\_\_\_\_

Is your child able to remember songs or rhymes? \_\_\_\_\_

How much television does your child watch? \_\_\_\_\_

Are birthdays celebrated in your home? \_\_\_\_\_ If no, please explain \_\_\_\_\_

### **DEVELOPMENT**

Does your child have any health problems that the school should be aware of?

If so, please explain \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_ Please specify \_\_\_\_\_

If yes, please specify \_\_\_\_\_

At what age did your child walk alone? \_\_\_\_\_

feed him/herself, \_\_\_\_\_ talk in sentences? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

Can your child verbalize personal needs? \_\_\_\_\_

Can your child dress him/herself? \_\_\_\_\_

Do you have any concerns about your child's physical or cognitive development? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Check any of the following that apply to your child:

Is able to share \_\_\_\_\_ Eats well \_\_\_\_\_ Able to cope with new situations \_\_\_\_\_

Sleeps well \_\_\_\_\_ Cries easily \_\_\_\_\_ Handles materials carefully \_\_\_\_\_

Treats friends with respect \_\_\_\_\_

What are your child's strengths and interests?

---

**SOCIAL ADJUSTMENT**

Is your child able to sit still and listen to a story for 15 minutes? \_\_\_\_\_

Does your child listen without interrupting while someone else talks? \_\_\_\_\_

Does your child know his/her phone number? \_\_\_\_\_ Address? \_\_\_\_\_

What else would you like your child's teacher to know about your child?

---

Would you be interested in helping in the classroom one hour per week? \_\_\_\_\_

Would you consider a TK/K combination class for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

When is the best time to meet with you? (Please circle)

**Mother:**    morning    afternoon    evening    anytime

**Father:**    morning    afternoon    evening    anytime

Thank you for taking the time to fill out these forms. Remember, DeLaveaga is your child's school. You are encouraged to call the school or contact your child's teacher regarding anything you feel might affect your child's education.