

KINDERGARTEN QUESTIONNAIRE

Child's name: _____ Date of birth: _____ Current age: _____

Mother's name: _____ Father's name: _____

Name of previous preschool: _____ How long? _____

Reason for leaving: _____

Name of previous daycare: _____ How long? _____

Reason for leaving: _____

1. Please list illnesses within the last 24 months your child has experienced:
2. Please list any hospitalizations your child has experienced since birth and the reasons for each:
3. List the chores or responsibilities your child has at home:
4. Would you describe your child as being strong-willed or compliant?
 Strong-willed Compliant
5. On a scale of 1 to 10 (10 being strong-willed and 1 being passive), how would you rate your child?
6. How do you instruct (discipline) your child? (Check all applicable)
 - a) Redirection
 - b) Warnings (# of warnings before action is taken _____)
 - c) Think and pray time outs (Length of time outs _____)
 - d) Corporal punishment (Frequently Seldom)
7. Has your child bitten anyone in the last year? Yes No
8. What is your child's strongest character trait?
9. Does your child have his own room? Yes No
10. Is your child an only child? Yes No
11. Is your child part of a blended family? Yes No
12. How often does your child see extended family?
13. Are there relatives who are your child's age that he/she plays with?
 Frequently Seldom
14. Is your child fully potty trained? Yes No