Early Childhood & Kindergarten Parent Questionnaire

Child Name ____________________________________________    Date _________________________________

Parent Name ___________________________________________    Grade Applying to ______________________

Please answer the following questions:

What are your child’s areas of strength and interests?

What goals do you have for your child as he or she enters a new school? Please consider goals pertaining to social relationships, emotional well-being, and academic growth.

What questions or concerns do you have about your child starting a new school?

Does your child have any fears or worries we should know about?

At your annual pediatric well visits, is your child meeting typical developmental milestones? If not, please explain.

Please share any other information you think would better equip us to meet the needs of your family. We look forward to getting to know you and your child!