Halton District School Board

Kindergarten Parent Questionnaire

Welcome to Kindergarten! As parents/guardians, you have a deep understanding of your child and the information you provide will help us to better meet your child's needs. All children come to Kindergarten with diverse experiences and at different levels of development. Information from this questionnaire will serve to support your child's transition to school. Thank you.

Student Name:

Date of Birth (Day/Month/Year):

Parent/Guardian Names:

Names of Siblings: **Age:** **Grade:**

My child speaks and understands English

□ Yes □ Some □ No

1. What language did your child learn when first beginning to talk?

   _____

2. What language does your child use most frequently at home?

   _____

3. What language do you use most frequently to speak to your child?

   _____

4. What language is most often spoken by the adults at home?

   _____

Has your child been involved in any organized activities? ***(Please check all that apply.)***

□ Sports (e.g., skating lessons, swimming, soccer, gymnastics)

□ Music

□ Library Programs

□ Visits to the Early Years Centre

□ Community Programs

□ Other, please explain:

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In the past 12 months, my child has been cared for in the following ways:
(Please check all that apply.)

Full-Time (more than 24 hours per week)	**Part-Time** (less than 24 hours per week)
□ Child Care Centre	□ Child Care Centre
□ Nursery School	□ Nursery School
□ Home Child Care	□ Home Child Care
□ Care with Relative	□ Care with Relative

Help us learn more about your child before they start school.

My child plays cooperatively with other children

□ most of the time □ some of the time □ with some adult support □ not sure

My child can follow a 1-step direction (e.g., please get your shoes)

□ most of the time □ some of the time □ with some adult support

My child is able to manage how they feel and tell about their feelings

□ most of the time □ some of the time □ with some adult support

Are there any situations in which your child becomes particularly excitable, upset, frightened, or angry? □ Yes □ No	If yes, please provide examples:
Has your child experienced any significant changes in their family life in the past (e.g., death, separation, birth of a baby, family illness)? □ Yes □ No	If yes, please comment:

My child uses the toilet	□ Independently □ With support □ Not yet ready	My child dresses	□ Independently □ With support □ Not yet ready
My child follows routines	□ Independently □ With support □ Not yet ready	My child manages a backpack	□ Independently □ With support □ Not yet ready
If your child requires support, please explain:			

My child is able to tell you what they want and need

□ most of the time □ some of the time □ with some adult support

My child is □ Left Handed □ Right Handed □ Mixed or Preference Unclear

To keep your child safe and healthy, we would like to know:

My child is involved with *(Please check all that apply.)*

- □ Speech and Language Therapist
- □ Occupational Therapist
- □ Physiotherapist
- □ Behaviour Therapist
- □ Developmental Consultant
- □ Hearing Screening
- □ Resource Consultant
- □ Public Health Nurse
- □ ROCK Reach Out Centre for Kids
- □ Autism Services
- □ Psychologist/Psychiatrist
- □ Vision Screening

If any reports were developed, are you willing to share these reports to support your child's transition to school?

□ Yes Please list reports if known: _____

□ No

Are there any concerns that you would like to share with the Kindergarten Teacher and Early Childhood Educator?

Starting school is a new experience for you and your child. Please share with us how you and your child are feeling about this new experience.

I am happy that my child is starting school because: I am worried about my child starting school because: I am hoping my child will learn new things at school, such as:
How is your child feeling about starting school, and how do you know?
Please share with us any other concerns, comments, questions, or any other information you believe will help us work together so that you and your child have a positive start and experience at our school.

Completed by: _____ Relationship to the Student: _____

Date: _____

Please note that this information and any other personal information about your son/daughter is collected, retained, used and disclosed pursuant to sections 28, 29, 30, 31 and 32 of the Municipal Freedom of Information and Protection of Privacy Act for the purpose of fulfilling the Board's responsibilities as set out in the Education Act, Regulations and Ministry of Education Policies, Procedures, Standards and Guidelines. Any questions with respect to the personal information collected should be directed to the Principal of the School.