

Kindergarten Questionnaire

Student Name: _____

Date of Birth: _____

Was your child premature? Yes No

If yes, How early? _____

Did your child attend Preschool? Yes No

If yes, which Preschool? _____

How long did your child attend Preschool? _____

Are there relatives, neighbors, or close friends starting kindergarten at TVS with your child? Yes No

If yes, please list these children: _____

Please list your child's siblings (first & last names): _____

Do you have any concerns about your child starting Kindergarten? _____

Is there anything you would like us to know? _____

Are there any special needs we should be made aware of? _____

