

Jr. Kindergarten Survey
(New Students Only)

Child's full name: _____ Nickname: _____

Parent's names: _____

Please answer the following questions:

Can your child:

1. Write his/her name? _____

2. Say the complete alphabet? _____

3. Write the complete alphabet? _____

4. Recognize the number of objects in a group? _____

5. Count to ten? _____ Count to twenty? _____

6. Identify colors? _____ How many? _____

7. Button, snap, zip? _____

8. Tie own shoes? _____

9. What kind of materials has your child played with?

Crayons _____ Clay _____ Paints _____ Scissors _____ Puzzles _____ Others _____

10. How often do you read to your child? _____

11. What kind of books does your child enjoy? _____

12. Is your child left or right-handed? _____

13. Does your child have any allergies? _____

14. Does your child have any physical handicaps? _____

15. Does your child suck his/her thumb? _____

16. Is your child on any major medications? _____

17. What television show does your child watch regularly? _____

18. Does your child cry easily? _____

19. What special interests, hobbies, or talents does your child have? _____

20. Does your child attend Sunday School and church regularly? _____

21. Has your child ever visited a zoo? _____

22. How many other children are in the family? _____

23. What are their names? _____

24. Is your child the first, second or third child in the family? _____

25. What toys is your child particularly fond of? _____

26. What pets do you have at your home and what are their names? _____

27. What are some of your child's favorite foods? _____

28. What are some of the foods your child dislikes? _____

29. What are some of your child's favorite songs? _____

games? _____

30. Is your child generally shy? _____

31. What kinds of things do you do as a family? (Example: walking, camping, etc.) _____

Parent's Comments: _____
