

# **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? \_\_\_\_\_

\_\_\_\_\_

