

Please return this page with your registration papers. Thank you 😊

Dear Parents,

Please answer the following questions as honestly as possible. We are simply using this survey to attempt to make each class well rounded. An ideal class has a variety of students with various academic levels and personalities. Please check the most appropriate answer of the choices in each category.

Thank you so much for your honesty and feedback!

Child's Name: _____

Name you would like for us to call your child: _____
(example: Birth name Alexandra, goes by Lexis)

Birth Date: ____/____/____ Sex: Male or Female

Volunteering
(More information on this to come)

Child's Academics

- _____ My child knows very few or no letters and sounds.
- _____ My child knows many letters and sounds but is not sounding out words yet.
- _____ My child knows most/all letters and sounds and is beginning to read.
- _____ My child is already a fluent reader.

Pre-School Experience

- _____ My child has not attended preschool.
- _____ My child attended preschool and often had a hard time following the rules at school.
- _____ My child attended preschool and occasionally had a hard time following the rules at school.
- _____ My child attended preschool and loves to follow all the school rules.

Child's Personality

- _____ I think that at school my child will be very withdrawn.
- _____ I think that at school my child will enjoy participating in activities but will be relatively quiet.
- _____ I think that at school my child will be outgoing and busy.
- _____ I think that at school my child will have trouble getting his work done because he will be so busy visiting and playing.

Recognizing that children's behavior at home and school are often different, which 5 words do you think will best describe your child's behavior and personality in a classroom setting? Please circle 5.

Quiet	Talkative	Silly	Withdrawn	Shy	Anxious
Outgoing	Happy	Bossy	Aggressive	Leader	Follower
Helpful	Sensitive	Excited	Hesitant	Active	

Is your child a multiple? (ex: twins, triplets, etc.) YES NO

Would you like multiples together or separated? TOGETHER SEPARATED

Does your child have any severe allergies? Please list the allergies below.

On a scale of 1 to 5, 5 being the highest, how would you rate your child's level of independence?
(example: takes care of restroom needs, feeds self, asks for help)

1 2 3 4 5

List any other items you would like us to know about your child!

Thank you for helping us in trying to create a good balance in your child's classroom!

Sincerely,
The Kindergarten Teachers