



San Elijo Elementary Kindergarten Questionnaire

Birthday:
____-____-____

Thank you for taking the time to fill out this questionnaire. It will help us make this year a great learning experience for your child!

Child's name: _____ Name to be written in class: _____

Parent email(s): _____

Please circle the following:

Interested in volunteering → Yes or No

What hand does your child write with: Right or Left

Attend TK? Yes or No

Attend pre-school? Yes or No How many days a week? _____ How many years? _____

Name of school: _____

Has your child received the following therapies? Speech: _____ OT: _____ Other: _____

If yes, where and how long? _____

Please list any medical concerns/ give details (health, glasses, allergies, speech concerns):

If your child speaks any other languages, please list them: _____

Math Skills (circle all that apply)

My child counts objects to: 10 20 30+

My child recognizes numbers to: 10 20 30+

Reading Skills (circle all that apply)

Letter Names My child knows: None Some Many All

Letter Sounds My child knows: None Some Many All

Book Skills Enjoys illustrations - Reads short words - Reads simple sentences - Reads books

Please list any additional information you would like to share about your child and include any holiday projects in which you prefer your child not participate.

