

Manoa School
Kindergarten Questionnaire

Child's name _____

Dear Parents,

Please share with us your observations, feelings, and thoughts relative to the questions below. The information and perspective you provide is very valuable to your child's teacher. Thank you for taking the time to complete this form.

1. What are some of the activities your child particularly enjoys doing?

2. Who are some of your child's playmates and their ages?

<input type="checkbox"/>	Siblings	Ages _____
<input type="checkbox"/>	Cousins	Ages _____
<input type="checkbox"/>	Neighbors	Ages _____
<input type="checkbox"/>	Others	Ages _____

3. How does he/she get along with other children? (Friendly? Aggressive?)

4. Does your child feel hurt easily? Does he/she take positive criticism comfortably?

5. How does your child feel about beginning kindergarten?

6. Has your child had any previous school experience?

	<u>Name of school</u>	<u>Length of time</u>
<input type="checkbox"/>	Nursery School _____	_____
<input type="checkbox"/>	Preschool _____	_____
<input type="checkbox"/>	Sunday School _____	_____

7. Is your child used to baby sitters (separating from parents)? Who?

8. Please note any special problems or conditions that your child may have, such as physical, emotional, academic, or food habits, which you wish to call to our attention.

9. Please note any special family problems or conditions that may affect your child, such as parents separated or divorced, single parent family, baby sibling on the way, which you wish to call to our attention.

10. How do you discipline your child at home?
11. What are your feelings/expectations about discipline in school?
12. What are some activities you do together as a family?
13. How often do you read to your child? (To prepare your child for kindergarten, we suggest that parents read to their child every day.)
14. Does your child know or do the following: (If not, please practice over the summer.)

- Run, hop, skip, and jump
- Name body parts
- Distinguish left and right
- Recognize shapes (square, triangle, circle, etc.)
- Recognize 8 standard colors (red, yellow, blue, green, orange, purple, brown, and black)
- Recognize own name in print
- Use scissors properly

15. Which is your child's dominant hand? (Right? Left? Or mixed?)

16. What is the plan for your child's after school care?

a. During the transition period (half day), my child will be picked up by _____.

b. During the regular school session, my child will...(check one of the following)

- be picked up by _____.
- attend A+.
- attend TLC (The Learning Casa).
- attend Manoa Valley Church.
- attend Japanese School.

17. Is your child the oldest or the only one enrolled at Manoa School? Yes or No

If no, please list the sibling(s) and their room number.

_____ Room _____

_____ Room _____

_____ Room _____

Parent's Signature