



MASON PUBLIC SCHOOLS

WHERE BULLDOGS BEGIN

HARVEY EDUCATION CENTER KINDERGARTEN QUESTIONNAIRE

Please return to HEC office in person, by mail at Harvey Education Center, 400 S. Cedar St. Mason, MI 48854 or via email to vandecara@masonk12.net

STUDENT'S FULL NAME: _____ DATE: _____

MY CHILD GOES BY THE NAME: _____ DATE OF BIRTH: _____

(Answer with a brief response or simply "yes" or "no")

Has your child attended preschool? _____ For how long? _____ Full day/half day? _____ Name and location of Preschool _____

1. Has there been a divorce, death or illness in the family, which might affect your child? (If yes, please explain) _____

2. Does your child play quietly or actively? _____

3. Do you celebrate birthdays/holidays in your home? _____

4. Does your child have any health concerns the school should be aware of? _____ (If so, please describe) _____

5. Does your child have any food allergies? _____ or require EPI, Rescue Inhaler or Response Plan ? _____ Do you have medical documentation available? _____

6.. Is your child right or left handed? _____ Does your child cut correctly with scissors? Y/N

8. Please check the items your child can do:

_____ Button _____ Tie Shoes _____ Snap _____ Skip _____ Zip _____ Lace Shoes _____ Fasten _____ Balance

9. How high can your child count aloud independently? _____ (#)

10. How many letters can your child recognize? _____ /26 Uppercase _____ /26 Lowercase

11. Is your child able to point to his/her first name? _____ Write it clearly? _____

12. Do you have concerns about your child's **speech, language, behavior** or **academic** skills? _____ Is your child receiving Special Education Services? _____
 If so, where? _____ Did your child receive services from Early On? _____

13. Toilet training is required for all incoming kindergarten students.
 Can your child take care of his/her own toilet needs? _____

14. All five-year-old children exhibit developmentally appropriate traits. Does your child do any of these to any great extent? Check the characteristics that apply to your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Destructive | <input type="checkbox"/> Interrupts conversations |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Easily angered | <input type="checkbox"/> Fearful in new situations |
| <input type="checkbox"/> Whines | <input type="checkbox"/> Jealous | <input type="checkbox"/> Sleeping problems |
| <input type="checkbox"/> Sulks | <input type="checkbox"/> Eating concerns | <input type="checkbox"/> Temper Tantrums |
| <input type="checkbox"/> Sucks thumb | <input type="checkbox"/> Bites nails/clothing | <input type="checkbox"/> Does not like to share |
| <input type="checkbox"/> Sensory seeking | <input type="checkbox"/> Overly emotional | Other (<i>Briefly explain</i>) _____ |

15. What would you say is your child's greatest **strength**?

16. What would you say is your child's **challenge**?

17. What do you expect your child to acquire through the kindergarten experience?
Academically: _____

Socially: _____

18. What else would you like your child's teacher to know about your child?

19. Do you question your child's kindergarten readiness? (Please circle) Yes No

Thank you for completing this questionnaire. This information will help the kindergarten teacher become more familiar with your child before school starts, and assist in balancing our classrooms to best meet the needs of all students. We appreciate your participation! In partnership, Mrs. Vandecar and the Kindergarten Staff