

Student Name: _____

Date of Birth: _____

Willagillespie Elementary Kindergarten Parent Survey

Parents,

Welcome to Willagillespie. We are so thrilled to have your family joining us! We are working hard to prepare an amazing year for your child. As you are the foremost expert on your child's strengths, needs, and passions, our team would like your help in creating balanced classes, in which we can best meet the needs of all students. Thank you so much for your help!

Please answer the following questions to help us thoughtfully serve your student. How often, **within the last month**, has your child navigated the following situations?

Does your child:	Never	Sometimes	Frequently	Almost Always
School Readiness:				
• Sit or participate in a task for 10 minutes or longer				
• Follow directions the first time				
• Complete 2-step directions successfully				
• Transition between settings/activities without complaint				
• Able to wait 2 minutes for request to be addressed				
• Able to hold a pencil correctly to draw and trace				
• Manage bathroom needs independently				
Social Readiness:				
• Know her/his first and last name				
• Take turns and share with other children				
• Use words to communicate thoughts, feelings, interests, and needs				
• Listen when others are talking, without interrupting				
Academic Readiness:				
• Knows basic colors (red, blue, yellow, green, orange, purple, brown, black, white, pink)				
• Counts to 10 and beginning to count objects				
• Sings the alphabet correctly				

For the following questions, please answer all that apply.

1. Has your child experienced day care or preschool? **Yes** **No**

2. Name of day care or preschool _____

3. How long did your child attend day care or preschool? _____

4. Is your child: **Left-handed** **Right-handed** **Not sure yet**

5. Does your child generally prefer to play: **Actively** **Quietly**

6. Would you best describe your child as a: **Leader** **Follower**

7. With whom does your child play? **Alone** **Peers** **Adults**
Older kids **Younger Kids**

8. Does your child have any siblings? Please list their names and ages. _____

9. What special talents or interests does your child have? (Ex: art, building, music, running, etc.)

10. Do you have any physical or health concerns for your child? (allergies, toileting, etc.)

11. Do you have any social or class environment concerns for your child? (easily angered, fearful in new situation, prone to jealousy or tantrums, difficulty making friends, etc.)

12. Is there anything else you would like us to know about your child in order to best serve him/her in class, this year?
