



NORWELL PUBLIC SCHOOLS

OFFICE OF INSTRUCTION

KINDERGARTEN PARENT QUESTIONNAIRE

Grace F. Cole Elementary School

William G. Vinal Elementary School

Please complete this form as openly and honestly as possible. Its contents will better assist us in getting to know your child.
Please be assured that all information you provide will be kept completely confidential.

Child's Name: _____
 Last First Middle

Parent Name: _____
 Last First Middle

Child's date of birth: ____ / ____ / ____

SCHOOL HISTORY

Has the child attended school before: yes no

If yes, school's name _____ Location _____

Number of days per week _____ Number of hours per day _____

DEVELOPMENTAL HISTORY

Has your child received Early Intervention screening or services? yes no

If yes, by whom: _____ When _____

Did your child crawl? yes no

Has your child ever received Special Education services? yes no

If yes, what is the child's disability? _____

What type of services did they receive? _____

Has your child ever been seriously ill, or had a serious accident? yes no If yes, explain. _____

Has your child ever been hospitalized? yes no If yes, what was the reason for the hospitalization and for how long was the child hospitalized? _____

Does your child have any eating, digestion or food allergy difficulties? yes no If yes, explain. _____

(over)

DAILY HABITS

Does your child play with children outside of the family?	<input type="checkbox"/> yes <input type="checkbox"/> no
How does your child prefer to play?	<input type="checkbox"/> alone <input type="checkbox"/> in groups <input type="checkbox"/> both equally
Does your child typically stay engaged and attentive during story time?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have responsibilities/chores at home?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child regularly dress themselves?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your child able to pick up their toys?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child take a daily nap?	<input type="checkbox"/> yes <input type="checkbox"/> no
My child is ____ about starting school.	<input type="checkbox"/> excited <input type="checkbox"/> neutral <input type="checkbox"/> apprehensive

GENERAL INFORMATION

Please share anything else that you would like us to know about your child?