

**GRAND VALLEY ELEMENTARY SCHOOL
KINDERGARTEN CONFIDENTIAL QUESTIONNAIRE**

This form is for your child's teacher and office use only. The following information will be maintained in a file in the office. The purpose of this questionnaire is to help us get to know your child as an individual.

FAMILY BACKGROUND:

Child's Name _____ Birthdate _____
Month Day Year

Name to be used in school _____ Home Phone _____

Address _____

City _____ Zip Code _____

Father's Name _____ Employer _____ Work # _____

Mother's Name _____ Employer _____ Work # _____

Legal Guardian _____ Employer _____ Work # _____
(If not birth parent)

Marital Status: Married Divorced Separated Single

Custody Papers: Yes No Not Applicable Child resides with _____

Visitation arrangements: _____

Other Children in the Family	Age	Grade Level in School

Other members of household _____ Relationship _____

_____ Relationship _____

Name and address of care person _____

Has there been a divorce, death, incarceration or illness in the family that might affect your child? If so, please explain:

DEVELOPMENT:

1. Does your child have any **health problems** that your child's teacher should be aware of?

Yes No If yes, what type?

Does your child take any medications on a regular basis?

Yes No If yes, what type?

2. Does your child have any **food / drug / insect allergies**? Yes No If yes, which foods? _____

3. At what age did your child? Walk alone _____ Feed him/herself _____ Talk in sentences _____

4. Is your child right or left handed? _____

5. Does your child dress him/herself? Yes No

6. Can your child take care of own toilet needs? Yes No _____

7. Do you have any concerns regarding your child's bladder and bowel control? Yes No

Please explain _____

8. What behavior management methods work best with your child? _____

9. Check any characteristics that you believe apply to your child: Cries Easily Sleeping problems

Usually fearful of new situations Eating problem Outgoing Shy

10. At what activities does your child excel? _____

11. With what activities does your child need assistance? _____

12. What other information would you like to relay that would be of benefit to your child's academic and social development while at school?

13. Your goals are important to your child's teacher. In your opinion, what are the most important things you would like your child to learn this year?

14. My child has attended a preschool program Yes No If yes, where? _____
