

Questionnaire for Kindergarten Parents/ Guardians

Dear Parents,

Would you please take a few minutes to answers the questions below? **Please bring this with you when you come to Kindergarten Orientation.** This will help us get to know your child better. Thank you!

Child's Name: (as you want him/her called at school) _____

DOB: _____ - _____ - _____

Age: _____ years & _____ months

Please list names and ages of your child's brothers and sisters if applicable.

Has your child had preschool or play-group experience? Where?

Does your child have any difficulties with speech?

Does your child have any health problems or allergies?

How do you deal with frustrations or discipline at home?

What responsibilities does your child have at home?

If your child is reading, **how** did he/she learn and **how long** has he/she been reading?

What are your child's strengths/weaknesses?

(over)

What skills has your child acquired? Please check those that you're aware of.

_____ Knows birthday

_____ Can say full name

_____ Can print name

_____ Recognizes lowercase letters

_____ Knows left & right

_____ Knows colors

_____ Recognizes numbers 1-12

_____ Recognizes capital letters

_____ Counts to...

_____ Recognizes letter sounds

_____ Likes stories

_____ Can tie shoes

_____ Can button/zip own clothing

_____ Can tell time

_____ Colors in the lines

_____ Has experience using scissors

_____ Can say full name

_____ Can hop, skip, & jump

_____ Catches and throws overhand

_____ Follows 3-step directions

What are your expectations for this kindergarten year?

What specific things would you like to see happen this year?

List three special qualities that your child has:

1.

2.

3.

Kindergarten Orientation

Parent Input

Student Name: _____ Parent Name: _____

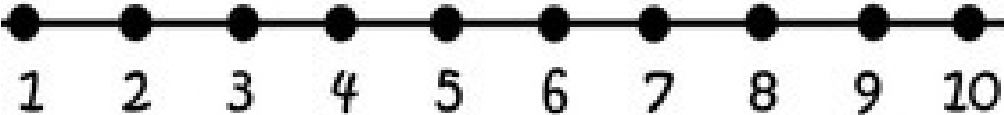
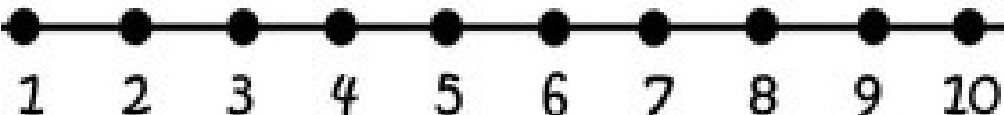
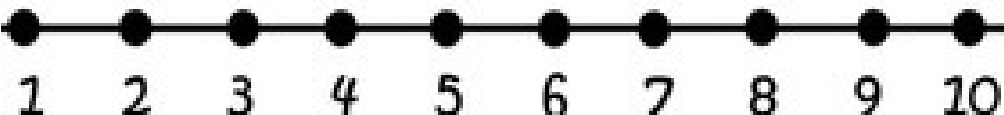

Our time with your child today is such a quick snapshot, so your input is incredibly valuable! Please rate your child according to how he/she typically responds in **SETTINGS WITH AGE-LEVEL PEERS** (ex: preschool, daycare, play groups). This is not meant to be a measure of typical HOME behavior.

Circle a value along the scale, ranging from Area of Need to Area of Strength.
Feel free to include comments or examples.

Area of Need (1-3)

Neutral/Age Appropriate (4-6)

Area of Strength (7-10)

<p>Academic Skills</p> <p>Comments:</p>	
<p>Social Skills</p> <p>Comments:</p>	
<p>Attention to Task</p> <p>Comments:</p>	
<p>Behavior & Response to Correction</p> <p>Comments:</p>	



CIRCLE HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

Name		Grade
Address		Date of Birth
Date first enrolled in a school in the U.S.	Phone Number	
Circle Building Attending:		

Student Language Information:

1. What language did your child first learn to speak/use?
English _____ Spanish _____ Other (please specify) _____
2. What language does your child speak/use at home? Do not include language learned in a class or through television or other such programming.
English _____ Spanish _____ Other (please specify) _____
3. What language do you speak/use with your child?
English _____ Spanish _____ Other (please specify) _____
4. What language do the adults regularly present or living in the home speak/use while in presence of the child?
English _____ Spanish _____ Other (please specify) _____

Parent/Guardian Information:

Which language do you prefer? English ___ Spanish ___ Other (specify) _____
(Please specify "written" or "spoken". To the extent practicable, communication from the school will be provided in this language.)

Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work? Yes _____ No _____

Have your children moved with or to join the worker above in the past 36 months? Yes _____ No _____

For the School: If the answer to either of the previous two questions is Yes, please scan copy to Bonnie Coulter at bcoulter@usd375.org or call 316-541-2577.

Signature of Parent or Guardian

Date