



Date: \_\_\_\_\_

# Rockford Public Schools Kindergarten Parent Night Parent Questionnaire

Student's Name: \_\_\_\_\_

Name that you would like us to use at school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home School: \_\_\_\_\_

Parent/Guardian Information	
Name(s):	
Preferred Phone Number:	Email:
Screening Preference	
Please check one to indicate your preference: <input type="checkbox"/> Kindergarten, no screening <input type="checkbox"/> Developmental Kindergarten, no screening <input type="checkbox"/> Screening	
Would you be open to DK for your child? (Please circle one)      Yes      No      Undecided	
Comments:	
Student Information	
Name of Preschool/Other Program Attended:	How many days per week did your child attend?
Tell us about your child:	
Academic/ Behavior Strengths:	Academic/Behavior Challenges:
Medical Needs/Allergies:	
Siblings:	The child lives with:

Please share any other academic or social needs about your child on the back of this form.



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Checklist for Parents

After reading each statement below, respond by checking the box that best applies to each statement.

Emotional Maturity	Most of the time	Some of the time	Not at this time
1. Child exhibits confidence when engaged in a learning activity.			
2. Child is able to accept situations in which he/she is unable to have their own way.			
3. Child easily separates from mom/dad/guardian.			
4. Child seems relaxed and at ease.			
5. Child adjusts to new situations easily.			
6. Child is able to work at a task until he/she finds a solution.			

Social Maturity	Most of the time	Some of the time	Not at this time
7. Child is able to share and play cooperatively.			
8. Child prefers to play with children that are older than he/she.			
9. Child is able to take turns while playing with other children.			
10. Child enjoys playing with other children.			
11. Child is able to participate easily when playing with other children.			

Physical Maturity	Most of the time	Some of the time	Not at this time
12. Child is able to sit still listening, and/or persisting with an adult-directed task for fifteen minutes or more.			
13. Child easily grasps a pencil and is able to write while holding it close to the point.			
14. Child is interested in focusing on letters or words.			
15. Child is able to walk and run without difficulty or awkwardness.			
16. Child is able to skip or hop on one foot.			
17. Child is able to throw and catch a large ball.			

Date: \_\_\_\_\_

Interests	Most of the time	Some of the time	Not at this time
18. Child enjoys looking at books.			
19. Child asks to be read to.			
20. Child is able to recall songs, rhythms, and words.			
21. Child is able to identify and remember common objects such as cars, trucks, planes, etc.			
22. Child understands concepts such as colors, numbers, and shapes.			
23. Child is able to follow 2 or more directions given to them.			
24. Child is able to describe how simple objects are used.			

**MEDICAL**

If your child has an allergy (food, bees, etc.) and/or any other medical condition, please see the office staff before you leave.