Fireweed Academy

Kindergarten/New Student Parent Questionnaire

Your input on this form will help us to better understand your child's unique educational needs. We thank you in advance for answering these questions to help us get to know your child better.

Child's Name_____ Date of Birth_____

Who is completing this survey?_____ Relationship to Child:_____
With whom has the child lived for most of the past year?_____
Is there a custody arrangement with another parent/guardian? If so, please provide information:
_____

Are there other people living in the household?_____

Are there other children in the family? Please list below.

Name:	**DOB:**	**Grade/Age:**

Early Childhood Education Experience

Has your child attended preschool/daycare? ❑ Yes ❑ No If yes, for how long?_____

How does/did your child enjoy this experience? ❑ Very much ❑ Somewhat ❑ Not at All

Birth and Medical History

Are there any medical/health concerns that your child's teacher should know about (including dietary restrictions or allergies)? ❑Yes ❑No

If so, please explain: _____

Self-Help Skills

Does your child…

feed self with fork and spoon?	**❑Yes ❑No ❑Sometimes**
wash and dry hands independently?	**❑Yes ❑No ❑Sometimes**
express wants and needs easily?	**❑Yes ❑No ❑Sometimes**
toilet self independently?	**❑Yes ❑No ❑Sometimes**
dress self & tie shoes independently?	**❑Yes ❑No ❑Sometimes**
separate from parent easily?	**❑Yes ❑No ❑Sometimes**

Further Explanation (*optional)*: _____

_____

Developmental/Cognitive Skills

Does your child…

use crayons or markers to draw?	**❑Yes ❑No ❑Sometimes**
follow simple directions?	**❑Yes ❑No ❑Sometimes**
pay attention for 5 to 10 minutes during an activity?	**❑Yes ❑No ❑Sometimes**
recall and/or retell stories and events?	**❑Yes ❑No ❑Sometimes**
count to 10?	**❑Yes ❑No ❑Sometimes**
name some letters when you point to them?	**❑Yes ❑No ❑Sometimes**
write some letters?	**❑Yes ❑No ❑Sometimes**
recognize simple rhymes?	**❑Yes ❑No ❑Sometimes**

Further Explanation (*optional)*: _____

_____

Social-Emotional Skills

Does your child…

express self in a way that is understood by peers & adults?	**❑Yes ❑No ❑Sometimes**
take turns & engage with other children easily?	**❑Yes ❑No ❑Sometimes**
like to sing, dance, or act for you?	**❑Yes ❑No ❑Sometimes**
perform simple chores at home, like cleaning up toys?	**❑Yes ❑No ❑Sometimes**
prefer to play alone?	**❑Yes ❑No ❑Sometimes**

Further Explanation (*optional)*: _____

_____

List three words that describe your child's temperament.

1._____ 2. _____ 3. _____

What are your child's three favorite activities?

1._____ 2. _____ 3. _____

Have any significant events recently occurred in your child's life? (family loss, new baby, move, etc.)

_____

_____

How does your child respond to adult direction, limit setting, and rules?

❑ Listens Well/Follows Directions ❑ Somewhat Responsive ❑ Needs Constant Reminders

How does your child enter new or unfamiliar situations?

❑ Independently joins in new activity/situation ❑ Initially hesitant until comfortable

❑ Always clings to a familiar adult

How does your child feel about school?

❑ Excited ❑ Eager but Somewhat Apprehensive ❑ Anxious ❑ Afraid ❑ Other (please explain) __

_____

Did your child receive Early Intervention services? ❑ Yes ❑ No

If so, in what area(s) and for how long? _____

What are your concerns, if any, about your child's entry into school?

_____

_____

_____

_____

_____

Thank you for your input. Our mission at Fireweed Academy is to provide a compassionate learning environment that gives students, parents, teachers, and community members opportunities to develop self-reliance, cooperation, creativity, reasoning ability, personal growth, and academic achievement.

We look forward to meeting your child and supporting their growth!