

Bettendorf Kindergarten Parent Survey

Child's Full Name _____ Child's Date of Birth _____

Name Child Uses _____

Address _____

Home Phone Number _____ Cell Number(s) _____

Today's Date _____ Email address _____

This survey is a guide that will help teachers gain useful information about each child. It is an informal tool to understand your child's development at this time. Thank you for your input and we look forward to working with you to provide the most effective education for your child.

Is your child a boy _____ or girl _____?

Is there a language other than English spoken at home? If yes, what language(s)? _____

Currently, during the day, my child:

____ attends preschool Name _____ How many days/hours per week? _____

____ attends daycare Name _____ How many days/hours per week? _____

____ is at home

Comments: _____

Does your child have any brothers or sisters? Please list their names, current age, and school.

Physical Development

Can your child dress himself/herself?

_____ yes with a little help _____ even with help has difficulty getting dressed

Comments: _____

Is your child able to take care of his/her own toilet needs including wiping?

_____ yes _____ most of the time _____ needs a little help _____ not at this time

Comments: _____

Additional Information

- Does your child appear to have developmental delays? _____ yes _____ no
Does your child receive speech services? _____ yes _____ no
Does your child have an Individualized Education Plan (IEP) for behavior, occupational therapy, physical therapy, social-emotional, or cognitive delays? _____ yes _____ no
Does your child have difficulty hearing? _____ yes _____ no
Does your child have difficulty with vision? _____ yes _____ no

Comments: _____

What methods of discipline are used in the home and how does your child respond?

Please list your child's allergies or health concerns.

Tell me about your child's strengths or special abilities:

Tell me about your child's weaknesses/fears:

What is your child's favorite activity? Is there any activity your child does not like?

Does your child have any concerns about beginning school?

Is there any additional information about your child that you would like to share?