

KINDERGARTEN

Parent Questionnaire



Welcome to Calvin Christian School! As parents/guardians, you have a deep understanding of your child. This questionnaire is designed to help us better meet your child's needs. All children come to Kindergarten with diverse experiences and at different levels of development. Information from this questionnaire will help us to determine support for your child's transition to school. If you have any questions or concerns about this questionnaire, do not hesitate to contact us. Thank you!

Student Name:	Date of Birth: (mm/dd/yyyy)
Parent/Guardian Names:	
My child speaks and understands English <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> No	
1. What language did your child learn when first beginning to talk? _____	
2. What language does your child most frequently use at home? _____	
3. What language is most often spoken by the adults at home? _____	
Help us learn about your child before they start school	
My child plays cooperatively with other children <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes <input type="checkbox"/> with some adult support <input type="checkbox"/> not yet	My child is able to verbally convey their thoughts, wants, and needs without frustration <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes <input type="checkbox"/> not yet
My child has back and forth conversations with me <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> not usually	People unfamiliar with my child generally understand what they are saying <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes <input type="checkbox"/> not yet
My child makes eye contact <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> not usually	My child can follow a 2-step direction (eg. Go get your shoes and meet me at the door.) <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes <input type="checkbox"/> not yet
My child separates easily from me or another caregiver? <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes <input type="checkbox"/> not usually <input type="checkbox"/> not sure	My child shows coordination when running, jumping, and playing <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes <input type="checkbox"/> not yet
My child transitions easily from one activity to another when asked <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> not usually	My child becomes upset or overwhelmed with loud noises or busy environments <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> not usually

Help us learn about your child before they start school

My child is able to hold a crayon to colour on paper

- most of the time
 sometimes
 not yet

My child uses the toilet

- independently
 with support
 not yet

My child follows routines

- independently
 with support
 not yet

My child can eat at meal time

- independently
 with support
 not yet

If your child requires support, please explain:

My child is

- right handed
 left handed
 mixed or preference unclear

My child dresses

- independently
 with support
 not yet ready

My child sits and listens or waits quietly when required

- most of the time
 sometimes
 not yet

Has your child been enrolled in a child care program? Yes No

If yes, which one: _____ For how long? _____

Did they participate in a DPS (Diagnostic Preschool Screening?) Yes NoDid the score result in a suggested referral to resource support? Yes No**Is your child currently receiving support from any of the following?**

- | | |
|--|---|
| <input type="checkbox"/> Speech & Language Therapist | <input type="checkbox"/> Resource Consultant |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Public Health Nurse |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Autism Services |
| <input type="checkbox"/> Behaviour Therapist | <input type="checkbox"/> Developmental Consultant |
| <input type="checkbox"/> Other: | |

If any reports were developed, are you willing to share these reports to support your child's transition to school?

- Yes No

Please list the reports if known:

Please share with us any other concerns or information you believe will help us work together so your child will have a positive start and a good experience at Calvin Christian School:

We understand that enrollment is subject to administrative approval. Failure to disclose academic and behavioural information may impact the school's ability to support a student, and enrollment may be declined if adequate supports are unavailable.

Parent Signatures: _____ Date: _____

September, 2024