

Kindergarten Questionnaire

(Information for Big Lake Kindergarten Teachers: Ms. Katie Reijm and Ms. Mary Lynch)

Please fill out and return to scarpenter@swsd101.org or fax to 360-855-3526.

Child's Legal Name: _____ Child's Date of Birth: _____

First and last name you want on your child's desk name tag: _____

Parent Information:

Mom

Dad

Name: _____

Phone Number: _____

Email: _____

Place of Employment/Position: _____

Please list the family members that your child lives with, including the names and how they are related. (For example: Mother: Sarah, Step-Father: Jack, sister: Susan age 7/second grader at Big Lake, Jack 2 months old)

What type of **formal** learning settings has your child experienced, such as preschool? (Where, how many years?)

What type of **informal** learning activities has your child enjoyed in the past? (Camps, art classes, swimming, sports?)

What are your child's strengths and/or weaknesses that you would like me to know about? What are your child's interests?

Does your child have any allergies we should know about?

Does your child have any health issues, learning disabilities, social/emotional concerns or speech/language challenges we should know about?

Does your child express any positive or negative feelings about coming to Kindergarten at Big Lake School?

Is there anything else you would like me to know to help make your child's Kindergarten year successful?
