

BURLINGTON SCHOOL DISTRICT

Building a Learning Community

KINDERGARTEN PARENT SURVEY

PLEASE PRINT LEGIBLY

Student Information

Last name _____ First name _____ MI _____

Preferred name _____ Gender ___M ___F Date of birth _____

General Information (* Space for additional information on other side)

Has your child ever been hospitalized?* Yes No

Do you or others have trouble understanding your child's speech?* Yes No

Is your child receiving any special services now for a disability?* Yes No

Do you think your child will need any special services in kindergarten?* Yes No

Does your child wear glasses? Yes No

Does your child use any adaptive equipment?* Yes No

Preschool Information

Did your child qualify for and or attend any of the following programs (check all that apply)?

Head Start (center or home-based) Yes

Essential Early Education (EEE) Yes

Family Infant/Toddler Program (Age 0-3) Yes

PreSchool/Child Care Program (last year before K) Yes

Name of Preschool/Child Care Program _____

Address _____

PreSchool/Child Care Program (two years before K) Yes

Name of Preschool/Child Care Program _____

Address _____

Have you or your family members used any of the following programs (check all that apply)?

Fletcher Free Library Yes

Mother Goose Programs Yes

Other reading/literacy programs Yes

Do you have a computer at home? Yes No

Do you have access to the internet at home? Yes No

*****PLEASE COMPLETE REVERSE SIDE OF FORM*****

Parent Educational Background

Please circle the highest grade completed:

Mother/Father/Other: <8 9 10 11 12 some college 4 yrs college grad school advanced degree
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About Your Child

My child is able to (check appropriate box):	Almost Always	Sometimes	Never	Not Sure
Pay attention to a story				
Answer questions about a story				
Recognize own name in print				
Work a puzzle				
Show an interest in books				
Zip and button a coat				
Care for own toileting needs				
Tie shoes				
Catch a ball thrown to him/her				
Enjoy physical activities				
Alternate feet walking down stairs				
Cut with scissors				
Draw and color beyond a scribble				
My child seems to:				
Be generally happy				
Separate easily from primary caregiver				
Be able to accept changes in routine				
Enjoy being in charge when playing with other children				
Be able to operate without undue need for adult attention				
Accept discipline and limits				
Cooperate willingly				
Control temper most of the time				
Share and take turns willingly				

Additional explanation for any questions on other side: