# RIDGEWOOD PUBLIC SCHOOLS Ridgewood, New Jersey

## KINDERGARTEN STUDENTS

PAREN	NT/GUARDIAN QUESTIC	ONNAIRE		
Child's Name	Date of Birth	Sex		
1) Does the child have any brothers/sis	ters? If yes, list below:	Yes	No	
Name	Age	Sch	chool Attending	
		<u> </u>		
2) Do both parents work outside the home?		Yes	No	
3) If both parents are out of the home,	who is responsible for child wh	nen he/she is r	not in school?	
·	•			
Name Ac	ldress	Telepho		
4) Has your child been in any other procenter, nursery school)? Which one(s)			,, 1011810 00 001	
Did he/she enjoy the experience? Were there any problems? If yes, please explain:		Yes	No	
		Yes	No	
5) Does your child separate from you e 5) Without adult help is your child able	•	Yes	No	
•	ο <b>ι</b> Ο.	Vac	Ma	
Put on his/her boots? Put on his/her coat?		Yes Yes	No No	
Button or zip coat?		Yes	No	
Lace and tie shoes?		Yes	No	
Complete bathroom tasks? (wip	e after a B.M.)	Yes	No	
7) Does your child:				
Drink from a bottle?		Yes	No	
Use a pacifier?		Yes	No	
Have frequent accidents wetting	-	Yes	No	
Have difficulty controlling bowe	el movements during the day?	Yes	No	
8) Does your child play with other chil	dren?	Yes	No	
How often?	What ages?			

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### Parent/Guardian Questionnaire (continued)...

9) How does your child get along with oth	ner children?		
10) How does your child get along with ad	lults?		
11) What activities does your child enjoy i	most in his/her free time?		
12) Does your family do things together? I	E.g., trips, visits to family, etc.?		
13) What places does your child enjoy visi	_	es	
14) Has your child shown an interest in pe	ncils, crayons, scissors, pasting and par	inting?	
15) Does your child have any special inter-	ests/abilities: music, storytelling, paint	ing, ga	mes, etc.?
16) Is he/she usually very active, moderate 17) How do you respond to your child who		,	tions?
18) Does your child have frequent tantrum If so, describe:		Yes	No
19) Is he/she easily frustrated? If so, expla	in what happens?		
20) Does your child speak in sentences?  Does your child listen and follow direct When remembering events/stories does		Yes Yes Yes	No No No
21) What physical activities can your child	l perform (hopping, skipping, galloping	g, climl	oing, jumping, etc.)
22) Are there any medical/personal/family	circumstances which might affect you	r child	in school?
23) Is there anything else you would like to know?		would	d be helpful for us to
24) What do you hope your child will get f			
Information received from			
(Name)	(Relationship)		(Date)

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