

RIDGEWOOD PUBLIC SCHOOLS
Ridgewood, New Jersey

KINDERGARTEN STUDENTS

PARENT/GUARDIAN QUESTIONNAIRE

Child's Name _____ Date of Birth _____ Sex _____

1) Does the child have any brothers/sisters? If yes, list below: Yes No

Name	Age	School Attending

2) Do both parents work outside the home? Yes No

3) If both parents are out of the home, who is responsible for child when he/she is not in school?

Name	Address	Telephone Number

4) Has your child been in any other programs with other children and adults (library, religious school, day care center, nursery school)?

Which one(s) _____ How long? _____

Did he/she enjoy the experience? Yes No

Were there any problems? If yes, please explain: Yes No

5) Does your child separate from you easily? Yes No

6) Without adult help is your child able to:

Put on his/her boots? Yes No

Put on his/her coat? Yes No

Button or zip coat? Yes No

Lace and tie shoes? Yes No

Complete bathroom tasks? (wipe 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 his/her pants? Yes No

Have difficulty controlling bowel movements during the day? Yes No

8) Does your child play with other children? Yes No

How often? _____ What ages? _____

