

KINDERGARTEN SCREENING

BRUNSWICK SCHOOL DEPARTMENT
Brunswick, Maine 04011

INFORMATIONAL AND DEVELOPMENTAL QUESTIONNAIRE

This questionnaire is designed to help us get to know your child as you have seen him or her develop in the early years at home. This information will help us plan the best start in school for your child.

Child's Name _____ Birthdate _____

Address _____

First Parent/Guardian _____ Home Phone _____

Cell Phone _____

Address: _____ Email _____

First Parent/Guardian Employer (Company Name and Phone)

Second Parent/Guardian _____ Home Phone _____

Cell Phone _____

Address: _____ Email _____

Second Parent/Guardian employer (Company Name and Phone)

Help prepare your child for school-give lots of love and reassurance

Has your child attended daycare, pre- or nursery-school before? Yes _____ No _____

If yes, name of school and dates of attendance: _____

Number of days per week: (please circle) 1 day 2 days 3 days 4 days 5 days
Number of hours per day _____

Child's status in family: oldest____ middle ____ youngest ____ only _____
Has there been a separation or divorce in this child's family? Yes____ No____
Separation ____ Divorce ____ If yes, as of what date did this happen? _____

Amount of time child lives with Mother: _____

Amount of time child lives with Father: _____

Names and ages of other children in family: (Please indicate whether they are half or step siblings.)

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Have there been any recent deaths in the family? Yes ____ No ____ Date _____

How was this person or these people related to your child?

Have any family moves had an impact on your child? _____

How does your child feel about school?

Are there any family members with a disability that you would like us to know about?

Has your child ever received Special Education services: Yes ____ No ____

If yes, please explain:

Please check the answers which best describes your child now.

- Speaks clearly most of the time
- Has some difficulty making self understood
- Hard to understand, especially by those outside the family
- Speaks in long sentences and paragraphs
- Uses mostly 2-3 word sentences
- Uses mostly single words

Does your child misinterpret what is said? Never ____ Sometimes ____ Often ____

What does your child prefer?

- Trucks, balls, blocks, etc.
- Puzzles, crayons, Legos™, etc.
- Electronic devices
- Enjoys all

If none of the above, how does your child like to play?

When doing favorite activities, for how long will he or she play?

Which best describe your child?

- Very Active ____ Somewhat quiet ____ Extremely quiet or shy ____ Friendly ____
Cooperative ____ Independent, likes own way ____ Easily angered ____
Very easy going and unruffled ____ Stubborn ____ Difficult to handle ____
Other (please describe)
-
-

Circle what your child can do independently: dress tie zip button toilet

What are some of your child's favorite books?

How well and for how long does your child listen when an adult gives directions or reads a story?

How does your child get along with peers? _____

How does your child adjust to change? _____

What kind of self-control does your child show when upset or frustrated?

What type of discipline works best with your child? _____

Is there anything else that you would like us to know about your child?
