



File in OSR

Kindergarten Parent/Guardian Questionnaire

For Office Use Only
Indicate: Year 1 Kindergarten
Year 2 Kindergarten

Please return completed questionnaire to the school Principal.

Please Print

Part A – General Information

Student Name: _____ Birth Date: _____
(first & last)

Parent/Guardian #1 Name: _____
(first & last)

Daytime Telephone Number: _(_____)_____

Parent/Guardian #2 Name: _____
(first & last)

Daytime Telephone Number: _(_____)_____

Child Care Contact: _____
(Organization name/first and last name of child care provider)

Telephone Number: _(_____)_____

Number of Children in Family: _____

Birth Order of Student: _____
(e.g., first born, second born, etc.)

What language(s) does your child speak at home?

Is your child able to speak English?
 Yes No

Is your child able to understand English?
 Yes No

The York Region District School Board respects the diversity of our school communities. Are there any religious/cultural practices or observances we should be aware of as we program for your child through the school year?

Yes No

Please explain: _____

Part B – Health Information

The school should be aware of the following health information about my child:

Diet Restrictions: Yes No _____

Allergies: Yes No _____

My child naps during the day: Yes No

My child prefers to use his/her : Left Hand Right Hand

Prescription Medication(s): Yes No _____

Medical Condition(s): Yes No _____

Diagnosis: Yes No _____

Other: _____

Part C - Vision

My child has had a vision test: Yes No

Date: _____ Location: _____

Results: _____

My child should wear glasses at school: Yes No

Part D - Hearing

My child has had a hearing test: Yes No

Date: _____ Location: _____

Results: _____

My child has had a number of ear infections: Yes No

Approximately how often? _____

Middle ear tubes have been inserted: Yes No Date: _____

Part E – Pre-School Experience

My child has had experience with the following:

- Child Care Play groups Storytime (e.g., public library, etc)
 Summer camps Nursery School Ontario Early Years Centres
 Parenting and family Literacy Centres Other _____

Describe (e.g., length of time, name of centre, etc.): _____

Child participated with parent/caregiver? Yes No Child participated without parent/caregiver? Yes No

Part F - Language

	In English	In our home language (s)
I understand my child when he/she talks.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child understands and takes a turn appropriately during conversations at home.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other people usually understand my child when he/she talks.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child speaks in sentences longer than five words.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child follows directions (e.g., get your crayons, make a picture and put it on the fridge).	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

I have concerns about my child's speech or language (this includes first language concerns): Yes No

Please Describe: _____

My child has received speech and language services from a community agency (e.g., Beyond Words - York Region
Preschool Speech and Language program, private) Yes No

Age: _____

Where: _____ Length of time: _____

Part G - Literacy

	In English	In our home language (s)
We read together: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child enjoys listening to stories.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child can talk about stories he/she has listened to.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child recognizes his/her own name in print.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child recognizes and names some letters of the alphabet and/or letter sounds.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Part H - Mathematics

My child can sort objects (e.g., colour, shape):	<input type="radio"/> Yes	<input type="radio"/> No
My child shows an interest in numbers at home and in the environment (e.g. house numbers):	<input type="radio"/> Yes	<input type="radio"/> No
My child can count to find out how many objects are in a group – up to _____ objects. (#)		
My child recognizes and writes some numbers:	<input type="radio"/> Yes	<input type="radio"/> No
My child copies simple patterns (e.g., red block-blue block, clap-clap-stomp):	<input type="radio"/> Yes	<input type="radio"/> No
My child knows some shapes (e.g., circle, triangle, square, rectangle):	<input type="radio"/> Yes	<input type="radio"/> No
My child completes simple puzzles:	<input type="radio"/> Yes	<input type="radio"/> No

Part I – Science and Technology

My child likes to explore with materials in the home (e.g. plastic containers, boxes, etc.): Yes No

My child has played with sand: Yes No

My child has played with water: Yes No

My child has played with building blocks: Yes No

My child has used measuring devices (e.g. measuring cups, tape measure): Yes No

My child has used a computer: Yes No

My child shows an interest in the natural world: Yes No

Part J – The Arts

My child uses:

Crayons Scissors Paint Glue Play Dough

Markers Pencil/Pen

My child enjoys music: Yes No

My child enjoys movement: Yes No

My child enjoys imaginary play: Yes No

My child enjoys acting out stories: Yes No

My child draws different shapes and lines: Yes No

Part K- Personal and Social Development

My child makes friends easily with peers: Yes No

My child can dress himself/herself (including buttons): Yes No

My child can put on shoes by himself/herself: Yes No

My child puts away toys after playing: Yes No

My child can use the washroom independently (toilet trained): Yes No

Additional comments: _____

Part L – Physical Development

My child enjoys playing on large outdoor equipment (e.g. climbing structures): Yes No

My child enjoys playing with small outdoor equipment (e.g. balls, skipping ropes, blocks and shovels, etc.):
 Yes No

My child participates willingly in the following activities:

- Running
- Climbing
- Jumping
- Riding a tricycle
- Hopping
- Kicking a ball
- Throwing and Catching

Part M – Additional Information

Some children may have special developmental needs and be receiving support and/or assistance in the community. Please indicate if your child and/or family have accessed the services of any of the following agencies:

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="radio"/> Applied Behaviour Analysis Services of York & Simcoe (ABA)<input type="radio"/> Centre for Behaviour Health Sciences<input type="radio"/> Blue Hills Child and Family Services<input type="radio"/> Bob Rumball Centre for the Deaf<input type="radio"/> Canadian National Institute for the Blind<input type="radio"/> Centre for Addiction and Mental Health<input type="radio"/> Children’s Treatment Centre of Simcoe York (CTN)<input type="radio"/> Community Care Access Centre of York Region<input type="radio"/> Early Intervention Services (EIS)<input type="radio"/> Giant Steps Toronto<input type="radio"/> Holland Bloorview Kids Rehabilitation<input type="radio"/> Hospital for Sick Children<input type="radio"/> Markham – Stouffville Hospital | <ul style="list-style-type: none"><input type="radio"/> Kerry’s Place Autism Services<input type="radio"/> Kinark Child and Family Services<input type="radio"/> Community Living<input type="radio"/> Ontario Federation for Cerebral Palsy<input type="radio"/> York Centre for Children, Youth and Families<input type="radio"/> York Region Preschool Speech and Language Program<input type="radio"/> York Support Services Network<input type="radio"/> York Region Community and Health Services/Child and Family Health<input type="radio"/> Private Supports _____<input type="radio"/> Other _____ |
|--|---|

Additional information you would like to share: _____

Additional information about your child would be appreciated (e.g. any specific successes your child might have; strengths and interests you child enjoys; how your child deals with separation from you or new situations).

What hopes and dreams do you have for your child as he/she enters Kindergarten?

School name: _____ Date: _____

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