

# Lansing Central School District



## KINDERGARTEN STUDENT QUESTIONNAIRE

Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

*Please help our teachers get to know your student a little better.*

1. Has your child been to preschool or in a day care with other children? Where?

2. Is your child able to play by themselves?

3. What does your child enjoy doing? What makes them happy?

4. What activities does your child like to do alone? With others?

5. How does your child get along with friends/siblings?

6. How does your child react to frustration or anger?



7. How does your child respond when hurt or upset?

8. Does your child have any fears or phobias?

9. Is your child fully potty trained? Do they use the bathroom independently?

10. Describe your child's self help skills (getting dressed, tying shoes, personal care, etc.)

11. Has your child ever received special services?

12. Does your child have any gross motor (running, hopping, etc.) or fine motor (writing, cutting, etc.) challenges?

13. Please share anything else you would like us to know about your child:

*THANK YOU FOR SHARING THIS INFORMATION. WE LOOK FORWARD TO WATCHING YOUR STUDENT LEARN AND GROW!*