



Kindergarten 2022 Questionnaire

Please complete the following questionnaire and bring to your Kindy Parent Meeting.

Contact Details					
Child's Surname		First Name		DOB	
Parents/ Guardians Full Name				Phone Number	
Email					
About Your Family					
Please tell us about your family structure/ child's siblings					
Languages spoken at home					
About Your Child					
What are your child's strengths?					
What are your child's special interests/skills?					
What has your child been involved in prior to Kindergarten? Daycare/ Childcare/ Activities?					
How does your child feel about starting Kindergarten?					
Is there any other information that the school may need to know?					
Medical Background/ Diagnosis					
Is your child involved with any specialist?					
Speech Therapy	Yes/ No	Details	Paediatrician	Yes/ No	Details
Occupational Therapy	Yes/ No	Details	Other	Yes/ No	Details
Has your child been referred to or attended a Child Development Centre? If so please provide details.					
Please tick if there are any concerns in any of these areas we should be aware of and provide details:					
Hearing					
Vision					
Sleeping					
Eating					
Toileting					
Dressing					
Speech					
Fine Motor					
Gross Motor					
Medical					
Allergies					
Animals: e.g dogs					
Socialising					
Learning					
Emotional Regulation					
Separation from Parent					
What goals do you have for your child in Kindergarten?					
How do you feel about your child starting Kindergarten?					