



## K-1 New Student Questionnaire

Name he/she w	/ill use at	schoo	l:									
Gender:B												
Home address:												
Parent/Guardi separate shee	t of pape	r if ned	essary)	:								
Full Name:				ull Name								
Phone:					hone:							
Email:					mail:							
Relationship to	child:				R	elationsh	hip to	child: _			_	
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Language Exp	erience:											
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Which languag	e <b>rience</b> : e does y	our chi	ld speak	most o	ften?							
Which languag	e <b>rience</b> : e does yo es is you	our chi r child	ld speak most co	: most o	ften? le speak	ing?						
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Info	ormation about your child (Please fill out as completely as possible.)
Wha	at activities does your child enjoy the most?
Do <u>y</u>	you have any concerns as your child begins kindergarten?
Wha	at best comforts your child when upset?
Wha	at are your goals for your child in kindergarten this year?
ls yo	our child able to independently use the toilet including zipping/unzipping and buttoning/unbuttoning clothing?
Hov	v can we best support your child with behavioral or academic needs?
	ase share any information you think will help the teacher in understanding your child (example, ngths, talents, fears, family issues or major life changes, etc.):
Che	eck all environments your child has been in between ages 3-5  Head Start or Early Head Start
	Center-based preschool/daycare program (Name of center:)
	Home-based preschool/daycare program
	Early Childhood Special Education
	Has not had preschool experience outside the home