



SCHOOL READINESS QUESTIONNAIRE

Information Shared by Parent(s) with PRINCIPAL

Student's Name:			(M)		(F)	
-----------------	--	--	-----	--	-----	--

Date of Birth:		Place of Birth:	

1. Family Information:

1. Siblings: Name(s) and Age(s)

- Is the child in the custody of both parents? Yes ____ No ____
- Child is living with: Mother ____ Father ____ Guardian ____
- Language spoken by Caregiver: _____
- Have you attended a Best Start Hub with your child? Yes ____ No ____

Details: _____

- Has your child attended a Nursery School or Day Care Centre? If so, please give details
Yes ____ No ____

Details: _____

2. Health Information:

Does your child have any health problems? (e.g., allergies, asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Has your child had any ear infections? If so, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Has your child's hearing ever been tested by an audiologist? If so, could you please supply the school with a copy of the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Has your child had hearing tubes inserted?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Has your child's vision ever been tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your child require glasses (far or near sighted)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Has your child had any serious illnesses or accidents which you feel might have affected his/her development?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

3. Language Skills:

What language(s) does your child speak?	
What language(s) does your child understand?	
At what age did your child begin to speak?	
Does your child use simple sentences to tell others what to do, to ask questions and/or share ideas?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Can your child carry out 2 or 3 simple directions given all at once, for example, "Put your blocks away, get your coat and we'll go out."	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your child recognize any letters of the alphabet?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Does your child recognize any numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Are you satisfied with the way your child says his/her words?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your child have any speech difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Has your child been referred to Wordplay (Preschool Speech and Language Services)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is your child attending Wordplay (Preschool Speech and Language Services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
If your child is currently receiving speech or language therapy, please give the name of the therapist involved with your child	

* Parents can refer directly if there are concerns to: Wordplay: Preschool Speech & Language Services 522-6655 (this must be done prior to school entry)

4. Social Experiences:

Does your child play quietly or actively?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
With whom does your child play?	<input type="checkbox"/> Alone <input type="checkbox"/> With older children <input type="checkbox"/> With younger children Explain:
Would you say your child is a leader?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
What activities does your child enjoy?	
What activities do you enjoy as a family?	
How much television does your child watch per day? (Average)	_____ hours per day
What programs are his/her favourite(s)?	

Is your child involved in any community programs (swimming, skating, hockey)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your child enjoy books?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is your child read to?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is your child able to remember songs or rhymes?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Has your child had experience with:	<input type="checkbox"/> paints <input type="checkbox"/> crayons <input type="checkbox"/> scissors <input type="checkbox"/> glue
Has your child had experience with technology? (eg: iPods, iPads, computers etc...)	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your child help select the clothing he/she wears?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

5. Development

Is your child right or left handed?	<input type="checkbox"/> Right <input type="checkbox"/> Left
Does your child help to dress him/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is your child able to print his/her first name?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is your child aware of dangers such as fire, electricity, traffic and strangers?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is your child able to be in a new or a strange situation without an undue show of fear?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Can your child take care of his/her own toilet needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
What methods of discipline do you find most effective in dealing with your child?	
How does your child express his/her feelings with you?	
How does your child express his/her anger?	
Tell me about your child's eating habits.	
Tell me about your child's bedtime routine.	
Does he/she nap during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What would you say are your child's strengths?	

6. School Adjustment

How does your child feel about coming to school?	
Is your child able to sit still and listen to a story for ten minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child listen without interrupting while someone else talks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child able to share and take turns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What do you expect your child to acquire through the kindergarten program?	
What else would you like your child's teacher to know about your child?	
Are there any activities from which your child should be excused?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

7. Emotional Adjustment

When your child does not want to do something asked of her/him, how does she/he typically react?	
How does your child feel and react to changes in routine and plans?	
When your child is experiencing intense emotions (i.e. anger, disappointment), which of the following reactions present?	<input type="checkbox"/> Yelling <input type="checkbox"/> Hitting or other physical aggressions <input type="checkbox"/> Shutting down <input type="checkbox"/> Fleeing <input type="checkbox"/> Crying <input type="checkbox"/> Other:
How often does your child require external support (i.e. help of an adult) to manage her/his emotions and behaviours?	<input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Often

