

TANSOR ELEMENTARY KINDERGARTEN SURVEY

This form will be given to the teacher

Child's name: _____ Birthdate: _____

Parent(s) Names: Mr./Mrs./Miss/Ms. _____

Mr./Mrs./Miss/Ms. _____

Names and Ages of Siblings(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Language(s) spoken at home: _____

Child is cared for by: _____

Did your child attend preschool? Yes No or daycare? Yes No

Who may pick up your child from school? _____

Does your child have any allergies? If yes, please list. _____

Does your child have any medical concerns? (i.e. hearing, vision, speech, etc.) If yes, please list. _____

Does your child have any fears? _____

What is your child's favourite activity to do at home? _____

Name some of your child's interests/talents: _____

Can your child:

Print his/her first name

Tell his/her address

Tell his/her phone number

Get dressed on his/her own

Tie his/her own shoe laces

Take turns and share things

What expectations/goals do you have for your child in his/her kindergarten year?

Other relevant information or notes to the teacher: _____

I would like to volunteer in the classroom.

I am able to drive for field trips and have made sure that the office has a copy of my insurance with (1 million liability), driver's license and driver's abstract.