



Dear Parent/Guardian,

Date _____

Home Phone Number

- ### Parent/Guardian Work Information

- BROOKSIDE • HIDDEN VALLEY • MANOR • WADE THOMAS • WHITE HILL

16. What responsibilities does your child have at home (ie. dressing oneself, picking up toys, etc.)?
17. What types of consequences and incentives do you use to redirect your child's behavior?
18. Does your child have any diagnosed disability which could affect his/her learning (examples: ADD, autism or other spectrum disorder, physical disability, sensory processing disorder)?
19. Is there another child your child learns best with and/or should be separated from?
20. Has your child had pre-school experience? Yes No
If Yes, how many hours per day? At what age did s/he begin?
Name of Pre-School
Name of teacher School Phone #
21. If no pre-school experience, has your child had childcare experience? Yes No
22. What does your child like to do at home?
at pre-school or with childcare?
23. What is your child's order of birth in your family?
24. What pleases you most about your child's development?
25. What concerns you most about your child's development?
26. How does your child feel about coming to Kindergarten? Apprehensive Not sure Excited
27. Dominant Side Left Right Ambidextrous
28. What are your expectations for your child's Kindergarten experience?