Kindergarten Questionnaire 2027-2028

Welcome to Kindergarten!

We are looking forward to getting to know your child. As parents/guardians, you know your child best. We understand that this is early in the process and there will be lots of changes before September, however, we would like to gather information at this current time. Information from this questionnaire will serve to support your child's transition to school. Thank-you!

Child's Name: _____

Child's Date of Birth: D/M/Y ___/___/_____

Share some of your child's best qualities and interests that you would like us to know about:

_____

_____

Questions I have about my child starting school are:

_____

_____

Has your child attended a childcare centre? ☐ Yes ☐ No

If yes, what is the name of the Centre? _____

Did your child complete the 4-year-old Public Health Assessment? ☐ Yes ☐ No ☐ Unknown

Please indicate if your child has any known difficulties with vision. ☐ Yes ☐ No

Does your child wear glasses? ☐ Yes ☐ No

COMMUNICATION

Does your child have any difficulty with hearing? ☐ Yes ☐ No

Please indicate the frequency your child has had ear infections:

☐ Never ☐ Occasionally ☐ Regularly

Please check all the boxes below that describe your child's communication skills:

My child communicates:

☐ verbally/using words
☐ with single words
☐ with 2–3-word sentences
☐ clearly, with correct sounds. Their words are understood easily
☐ understands and answers questions
☐ understands and follow directions

☐ with full sentences ☐ has conversations, can tell you a story

If you have concerns with your child's communication skills, please describe your concerns.

Has your child seen a Speech-Language Pathologist in the past? ☐ Yes ☐ No

If yes, do they continue to need Speech Therapy?

If yes, please share what skills they are working on:

OCCUPATIONAL THERAPY

Is your child involved with Occupational Therapy (OT)? ☐ Yes ☐ No

If yes, please check what areas the OT is is supporting your child with:

- ☐ **Self-cares:** toileting, dressing, bathing, feeding self, eating, as well as following the home routine and completing simple chores
- ☐ **Play skills:** playing with a variety of toys and different textures/materials; taking turns and copying actions
- ☐ **Preschool readiness:** developing skills such as: colouring, drawing, cutting with scissors, building with blocks, completing puzzles, etc.
- ☐ **Recommending equipment, aids, or adaptions:** to support children with being successful with their self-cares, play and preschool activities as well as managing the sensory input in their environment.

Other : _____

PEDIATRIC PHYSIOTHERAPY

Has your child ever been involved with Pediatric Physiotherapy? ☐ Yes ☐ No

MEDICAL

Does your child require medications to be taken at school? If so, please list below:

Are there any current reports you would like to share to support your child's transition to school? (e.g. SLP, OT, PT, IWK)

☐ There are no reports for my child.

Please list reports if known:

ADDITIONAL INFORMATION

Help us learn more about your child before they start school.

My child plays cooperatively with other children:

☐ Most of the time ☐ Some of the time ☐ With some adult support

My child uses the toilet: ☐ Independently ☐ With support ☐Not yet ready

My child dresses: ☐ Independently ☐ With support

My child can change from one activity to the next: ☐ Independently ☐ With support

Do you have any areas of concern you wish to share about your child? (Academic, social, behavioral, emotional, etc.)

Are there any safety concerns that we should be aware of to assist in supporting your child? (flight risk, rough play, tantrums, seizures, etc.)

Is there anything else you would like to share about your child?

This questionnaire was completed by: _____

What is your relationship to the child? _____

Date this questionnaire was completed: _____

Glossary
Occupational Therapy (OT)
Speech-Language Pathologist (SLP)
Physical Therapist (PT)
Izaak Walton Killam (IWK)