

**KINDERGARTEN READINESS SUMMER ACADEMY**

**PARENT QUESTIONNAIRE**

Child's Name \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

- |     |  | (circle one) |              |       |
|-----|--|--------------|--------------|-------|
| 1.  | Does your child have any preschool experience?   | Yes          | No           |       |
| 2.  | Can your child draw recognizable pictures?   | Yes          | No           |       |
| 3.  | Can your child print all or part of his/her name?  | Yes          | No           |       |
| 4.  | Does your child show interest in books?  | Yes          | No           |       |
| 5.  | Does your child play comfortably and successfully with others?   | Yes          | No           |       |
| 6.  | Does your child have the ability to dress/undress by themselves?   | Yes          | No           |       |
| 7.  | Can your child name the colors?  | Yes          | No           |       |
| 8.  | Can your child count objects up to 5?  | Yes          | No           |       |
| 9.  | Does your child sing simple songs?   | Yes          | No           |       |
| 10. | Does your child invite others into his/her play?   | Yes          | No           |       |
| 11. | Does your child show interest in playing with others?  | Yes          | No           |       |
| 12. | Does your child have the ability to follow 2-3 part directions?<br>(For example, "Go to your room, get your shoes and put them on.") | Yes          | No           |       |
| 13. | Can your child hold and use a scissors correctly?  | Yes          | No           |       |
| 14. | Can your child hold a pencil with a 3-finger grasp or a grip that is comfortable and effective for him/her?                          | Yes          | No           |       |
| 15. | Can your child listen to a story from beginning to end?  | Yes          | No           |       |
| 16. | Can your child recognize his/her name in print?  | Yes          | No           |       |
| 17. | Is your child usually cooperative?   | Yes          | No           |       |
| 18. | Does your child seem fearful or anxious when you are leaving?  | Yes          | No           |       |
| 19. | My child uses pencils/crayons/markers:   | often        | occasionally | never |
| 20. | My child uses scissors:  | often        | occasionally | never |

**(OVER)**

My child's strengths:

Areas in which I would like my child to improve:

**PLEASE INDICATE THE AREA(S) YOU FEEL YOUR CHILD NEEDS EXTRA ATTENTION.**

Participation in a group

Book Handling

Socialization in group setting

Fine Motor Skills

Exposure to Literature

Self-help skills

Language Skills

Beginning counting

Boosting self-confidence