

Parent Kinder Questionnaire

Please respond to the following questionnaire by checking the best response for your child.

ABOUT YOUR CHILD - continued

- Can your child be away from his/her parents for 2-3 hours without being upset? Yes No
- Can your child leave his/her parents without reluctance? Yes No
- Is your child afraid of going to school? Yes No
- Is your child able to meet new adults without shyness? Yes No
- Is your child able to meet other children without shyness? Yes No
- Does your child follow adult direction without complaint? Yes No
- Does your child typically use complete sentences when communicating? Yes No
- Does your child clean up after him/herself? (toys, crayons, etc.) Yes No
- Can your child tie his/her shoes? Yes No
- Can your child dress him/herself? (use zippers, buttons, snaps, etc.) Yes No
- Does your child demonstrate independence in personal care? (washing hands, brushing teeth, using the restroom) Yes No
- Does your child understand that choices result in positive/negative consequences? Yes No
- Does your child show a general understanding of times of day? Yes No

Additional comments/information:

Parent Signature:

Date:
