



# Kindergarten Questionnaire 2025-2026

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:**

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**Questions I have about my child starting school are:**

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**Has your child attended a child care 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 known difficulties 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> verbally/using words    | <input type="checkbox"/> clearly, with correct sounds. Their words are understood easily |
| <input type="checkbox"/> with single words       | <input type="checkbox"/> understands and answers questions                               |
| <input type="checkbox"/> with 2-3 word sentences | <input type="checkbox"/> understands and follow directions                               |
| <input type="checkbox"/> with full sentences     | <input type="checkbox"/> has conversations, can tell you a story                         |

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

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

**If yes, do they continue to need Speech Therapy?**

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

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**OCCUPATIONAL THERAPY**

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

**If yes, please check what areas the OT 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 adaptations:** 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:

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

- There are no reports for my child.

Please list reports if known:

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**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.)

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

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

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This questionnaire was completed by: \_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_

Date this questionnaire was completed: \_\_\_\_\_

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