Ali‘iolani Elementary School
Kindergarten Questionnaire

Date _____

Child’s Name _____ Nickname _____

1. Is your child able to:

a. Recognize his/her name	☐ Yes	☐ No
b. Write his/her name	☐ Yes	☐ No
c. Recognize alphabets (lower case)	☐ Yes	☐ No
d. Read	☐ Yes	☐ No
e. Recognize numbers (1-10)	☐ Yes	☐ No
f. Recognize colors	☐ Yes	☐ No

2. Health

a. Serious illness and/or hospitalization: _____

_____

b. Speech (check as applicable):

☐ Lisps ☐ Mispronunciation ☐ Stutters ☐ None

c. Handedness: ☐ Right ☐ Left

d. Toilet Habits: (Accidents) Days: ☐ Never ☐ Sometimes ☐ Frequent

Nights: ☐ Never ☐ Sometimes ☐ Frequent

3. Volunteer help: ☐ Excursions ☐ Other _____

4. Discipline: What control works best? By whom? _____

_____

_____

5. Special Notations and Needs: _____

_____

_____