



**Laguna Beach Unified School District
TK and Kindergarten Parent Questionnaire**

Child's Name _____ **Date of Birth:** _____

Mother's Name: _____ **Email Address:** _____

Father's Name: _____ **Email Address:** _____

Address: _____

Home Phone : _____ **Cell Phone:** _____

Gender (circle one): **Male** **Female**

Please answer the following questions providing as much detail as possible. The information will be reviewed by your child's identified classroom teacher prior to the start of school year in an effort to become acquainted with your child's needs. Thank you for taking the time to answer the questions below.

1. What are your child's strengths? Think about what comes naturally to him or her.

2. What does your child find challenging?

3. What types of experiences has your child had before Kindergarten (preschool, sports, activities, library visits, travel, different languages spoken by family or friends, etc.)?

4. Is there anything else that you would you like to share with us about your child that will help us make the first weeks of school successful for him/her? (e.g. food allergies, any health, social/ emotional or peer relationship concerns, etc.).

Did your child attend preschool? If yes, please answer the following questions.

Name of Preschool: _____

Weekly Schedule (circle one): **MWF** **T/TH** **Mon-Fri**

Years In Preschool: _____

By signing this document, I give permission for this document to be reviewed by the Laguna Beach Unified School District School Readiness Program and given to my child's TK/ Kindergarten teacher.

Parent's Name: _____ **Date :** _____

Parent Signature: _____ **Date:** _____

If you have any additional questions about the LBUSD School Readiness Program, please contact Sandee Bandettini, Early Learning Specialist at sbandettini@lbusd.org.

