



## Laguna Beach Unified School District Kindergarten Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Family Email Address: \_\_\_\_\_

Gender:    male    female

This Kindergarten Parent Questionnaire will be given to your child's teacher. Your responses are invaluable in helping your teacher become acquainted with your child. Thank you for taking the time to complete the questionnaire.

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

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2. What does your child find challenging?

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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.)?

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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.).

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

Name of Preschool: \_\_\_\_\_

Weekly Schedule:            MWF            T/TH            M thru F

Years In Preschool: \_\_\_\_\_

By signing this document, I give permission for this document to be reviewed by the LBUSD School Readiness Program and given to my child's Kindergarten teacher.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



If you have any additional questions about the LBUSD School Readiness Department, please contact Sandee Bandettini, Early Learning Specialist at [sbandettini@lbusd.org](mailto:sbandettini@lbusd.org)