



## SCHOOL READINESS QUESTIONNAIRE

Information Shared by Parent(s) with PRINCIPAL

Student's Name:			(M)	(F)	
Date of Birth:	Place of Birth:				
<ul><li>1. Family Information:</li><li>1. Siblings: Name(s) and Age(s)</li></ul>					
<ul> <li>Is the child in the custody of both parer</li> <li>Child is living with: Mother</li> <li>Language spoken by Caregiver:</li> </ul>	Father Guar	rdian			
> Have you attended a Best Start Hub wi					
Has your child attended a Nursery Sch  Yes  Details:	No				
2. Health Information:  Does your child have any health problems? (e.g., allergies, asthma)	□ Yes Explain:	□ No			
Has your child had any ear infections? If so, how many?	□ Yes Explain:	□ No			

Has your child's hearing ever been tested by an audiologist? If so, could you please supply the school with a copy of the report?	□ Yes □ No Explain:
Has your child had hearing tubes inserted?	□ Yes □ No
	Explain:
Has your child's vision ever been tested?	□ Yes □ No
	Explain:
Does your child require glasses (far or near	□ Yes □ No
sighted)?	Explain:
Has your child had any serious illnesses or	□ Yes □ No
accidents which you feel might have affected his/her development?	Explain:
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<u> </u>	
3. Language Skills:	
3. Language Skills:  What language(s) does your child speak?	
What language(s) does your child speak?	
What language(s) does your child speak?  What language(s) does your child understand?	
What language(s) does your child speak?	
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?  Does your child use simple sentences to tell	□ Yes □ No
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?	□ Yes □ No Explain:
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?  Does your child use simple sentences to tell others what to do, to ask questions and/or	
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?  Does your child use simple sentences to tell others what to do, to ask questions and/or share ideas?  Can your child carry out 2 or 3 simple	
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?  Does your child use simple sentences to tell others what to do, to ask questions and/or share ideas?  Can your child carry out 2 or 3 simple directions given all at once, for example, "Put your blocks away, get your coat and we'll go	Explain:
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?  Does your child use simple sentences to tell others what to do, to ask questions and/or share ideas?  Can your child carry out 2 or 3 simple directions given all at once, for example, "Put	Explain:
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?  Does your child use simple sentences to tell others what to do, to ask questions and/or share ideas?  Can your child carry out 2 or 3 simple directions given all at once, for example, "Put your blocks away, get your coat and we'll go out."  Does your child recognize any letters of the	Explain:
What language(s) does your child speak?  What language(s) does your child understand?  At what age did your child begin to speak?  Does your child use simple sentences to tell others what to do, to ask questions and/or share ideas?  Can your child carry out 2 or 3 simple directions given all at once, for example, "Put your blocks away, get your coat and we'll go out."	Explain:  □ Yes □ No Explain:

Does your child recognize any numbers?	□ Yes □ No Explain:
Are you satisfied with the way your child sa his/her words?	ys
Does your child have any speech difficulty?	□ Yes □ No Explain:
Has your child been referred to Wordplay (Preschool Speech and Language Services	:)? *
Is your child attending Wordplay (Preschoo Speech and Language Services)?	□ Yes □ No Explain:
If your child is currently receiving speech or language therapy, please give the name of therapist involved with your child	
* Parents can refer directly if there are conce 522-6655 (this must be done prior to school	erns to: Wordplay: Preschool Speech & Language Services pol entry)
4. Social Experiences:	
Does your child play quietly or actively?	□ Yes □ No Explain:
With whom does your child play?	□ Alone □ With older children □ With younger children Explain:
Would you say your child is a leader?	□ Yes □ No Explain:
What activities does your child enjoy?	
What activities do you enjoy as a family?	
How much television does your child watch per day? (Average)	hours per day
What programs are his/her favourite(s)?	

Is your child involved in any community programs (swimming, skating, hockey)?	□ Yes □ No Explain:
Does your child enjoy books?	□ Yes □ No Explain:
Is your child read to?	□ Yes □ No Explain:
Is your child able to remember songs or rhymes?	□ Yes □ No Explain:
Has your child had experience with:	□ paints □ crayons □ scissors □ glue
Has your child had experience with technology? (eg: iPods, iPads, computers etc)	□ Yes □ No Explain:
Does your child help select the clothing he/she wears?	□ Yes □ No Explain:
5. Development	
Is your child right or left handed?	□ Right □ Left
Does your child help to dress him/herself?	□ Yes □ No Explain:
Is your child able to print his/her first name?	□ Yes □ No Explain:
Is your child aware of dangers such as fire, electricity, traffic and strangers?	□ Yes □ No Explain:
Is your child able to be in a new or a strange situation without an undue show of fear?	e

Can your child take care of his/her own toilet needs?	□ Yes □ No Explain:		
What methods of discipline do you find most effective in dealing with your child?			
How does your child express his/her feelings with you?			
How does your child express his/her anger?			
Tell me about your child's eating habits.			
Tell me about your child's bedtime routine.			
Does he/she nap during the day?	□ Yes □	No	
What would you say are your child's strengths?			
6. School Adjustment			
How does your child feel about coming to school?			
Is your child able to sit still and listen to a story for ten minutes?	□ Yes □	No	
Does your child listen without interrupting while someone else talks?	□ Yes □	No	
Is your child able to share and take turns?	□ Yes □	No	
What do you expect your child to acquire through the kindergarten program?			
What else would you like your child's teacher to know about your child?			
Are there any activities from which your child should be excused?	□ Yes □ No Explain:		
7. Emotional Adjustment			
When your child does not want to do something does she/he typically react?	asked of her/him, how		
How does your child feel and react to changes in routine and plans?			
When your child is experiencing intense emotion disappointment), which of the following reactions	s (I.e. anger, present?	☐Yelling ☐Hitting or other physical aggressions ☐Shutting down ☐Fleeing ☐Crying ☐Other:	
How often does your child require external support adult) to manage her/his emotions and behaviou		□Rarely □Occasionally □Often	

		□Always
When your child is experiencing diffice what works best to calm and redirect	her/him?	
Please list sources that cause feeling your child express or show feelings or	of worry?	
Has your child witnessed or experien impact current or future upset (I.e. logabuse)?		
8. Any Other Helpful Information:	out your child that would be helpful to	n know that hasn't been
discussed?	at your office that would be helpful to	Nilow triat ridor ( been
NOTE: If you have serious concerr communication with your p	ns which have not been recognized, rincipal.	please maintain regular
Teacher	Date	Parent/Guardian
Principal	Date	

The above information is confidential in the educational interest of the child. The signature of the parent or guardian is permission to place this information in the child's O.S.R. folder.

In accordance with the Ministry of Education's Memorandum concerning the Early Identification of Children's Learning Needs, the Early Identification Questionnaire Form shall be filed in the student's Ontario Student Record folder (O.S.R.).