

Kindergarten Parent/Caregiver Questionnaire

Welcome to Kindergarten! At OCDSB, we recognize that families play a significant role in a child's education and as parents/guardians you have a deep understanding of your child. Because children come to Kindergarten with many different experiences, talents, and needs, Kindergarten teams benefit from hearing and considering key information about your child before they begin school. Learning about your child helps us meet them where they are at and create the conditions for a smooth transition to school.

If you would like assistance filling out this questionnaire, or if you have any questions, please don't hesitate to contact the school.

Please complete this form and return it to the school at your earliest convenience.

Basic Information	School: _____
Child's Full Name:	_____
Child's Preferred Name:	_____
Child's Pronouns:	_____
Child's Date of Birth: (yyyy/mm/dd)	_____
Parent/Caregiver Names	_____
Parent/Caregiver Names	_____

Please tell us about your child's home and care environments.	
Who lives in your child's home(s)? (adults and children)	_____
What languages does your child hear, speak, and/or understand ?	hear: _____

	speak: _____ understand: _____										
Tell us about some things your family likes to do together. (e.g., activities, shared interests, special celebrations/traditions)	_____ _____ _____ _____ _____										
What is important to your family?	_____ _____ _____ _____ _____										
Tell us about how your family shares stories?	<table border="0"> <tr> <td><input type="checkbox"/> make up stories together</td> <td><input type="checkbox"/> read before bed</td> </tr> <tr> <td><input type="checkbox"/> oral storytelling</td> <td><input type="checkbox"/> listen to stories online</td> </tr> <tr> <td><input type="checkbox"/> reading picture books together</td> <td><input type="checkbox"/> dress-up/acting out</td> </tr> <tr> <td><input type="checkbox"/> listen to books online</td> <td><input type="checkbox"/> other: _____</td> </tr> <tr> <td><input type="checkbox"/> listen to videos online</td> <td></td> </tr> </table>	<input type="checkbox"/> make up stories together	<input type="checkbox"/> read before bed	<input type="checkbox"/> oral storytelling	<input type="checkbox"/> listen to stories online	<input type="checkbox"/> reading picture books together	<input type="checkbox"/> dress-up/acting out	<input type="checkbox"/> listen to books online	<input type="checkbox"/> other: _____	<input type="checkbox"/> listen to videos online	
<input type="checkbox"/> make up stories together	<input type="checkbox"/> read before bed										
<input type="checkbox"/> oral storytelling	<input type="checkbox"/> listen to stories online										
<input type="checkbox"/> reading picture books together	<input type="checkbox"/> dress-up/acting out										
<input type="checkbox"/> listen to books online	<input type="checkbox"/> other: _____										
<input type="checkbox"/> listen to videos online											
Who has helped with care for your child? (check all that apply)	<input type="checkbox"/> relatives <input type="checkbox"/> friends/neighbours <input type="checkbox"/> home child care provider <input type="checkbox"/> nursery school/child care centre <input type="checkbox"/> respite care <input type="checkbox"/> other: _____										
Has your family accessed early years resources within the community? (Please check all that apply)	<input type="checkbox"/> EarlyON Centres (e.g., playgroups, drop-in centres, Baby and Me) <input type="checkbox"/> Wabano Centre (e.g., Wabano Kids, Parenting Bundle) <input type="checkbox"/> Inuuqatigiit Centre (e.g., Storytelling, Family Kitchen) <input type="checkbox"/> Odawa's Early Years Child and Family Centre <input type="checkbox"/> Ottawa Public Library (e.g. storytime sessions)										

	<ul style="list-style-type: none"> <input type="checkbox"/> Mothercraft <input type="checkbox"/> Parent Resource Centre <input type="checkbox"/> Ottawa Public Health (e.g., Parenting Ottawa) <input type="checkbox"/> First Words <input type="checkbox"/> City of Ottawa recreational activities (e.g., skating lessons, swimming, soccer, gymnastics, arts programs) <input type="checkbox"/> Partners in Parenting <input type="checkbox"/> Outdoor Education (e.g., Ottawa Forest and Nature School) <input type="checkbox"/> Other, please explain:
--	--

Please tell us about your child's health and development.	
<p>Does your child have any serious or life-threatening medical conditions that we should know about?</p>	<p><input type="radio"/> Yes <input type="radio"/> No (If yes, please state the condition)</p> <p>_____</p>
<p>Do you have any concerns about your child's health and development?</p>	<p><input type="radio"/> Yes <input type="radio"/> No (if yes, please check those that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> vision (e.g., blind-low vision, requires glasses) <input type="checkbox"/> hearing (e.g., needs FM system, cochlear implants) <input type="checkbox"/> speech (e.g., not yet talking, difficult to understand) <input type="checkbox"/> cognitive ability (e.g., poor memory, difficulty with attention) <input type="checkbox"/> fine motor skills (e.g., has difficulty with dressing, weak hand strength) <input type="checkbox"/> gross motor skills (e.g., loses balance, not yet running or climbing) <input type="checkbox"/> connection to/separation from others (e.g., difficulty separating or wanders away easily) <input type="checkbox"/> sensitivity to sensory input <input type="checkbox"/> other: _____

Please help us to get to know your child.

What are some things your child likes or enjoys doing?

building playing outside drawing/colouring playing with dolls	playing with cars making things riding their bike helping clean	helping bake/cook playing games imaginary play ball play	listening to stories music play electronic games other: _____
--	--	---	--

Tell us about who your child likes to play with?

by themself with sibling(s) with younger kids	with older kids with adults other: _____
---	--

What are some attributes that you and other family members appreciate about your child?

funny cooperative kind assertive creative cautious ocuse	athletic affectionate quiet playful resourceful nurturing sensitive	independent helpful problem-solver curious perseverant talkative/ sociable other: _____	humble empathetic thoughtful reflective observant/watchful leader other: _____
--	---	---	--

We would like to know more about what your child needs when they have strong feelings. Tell us about...

<ul style="list-style-type: none"> how your child communicates what they need? 	asks for it points to it uses facial expressions	uses gestures cries/express feelings	other: _____ other: _____ other: _____
<ul style="list-style-type: none"> what experiences or activities make your child feel happy and safe? 	being with family predictability eating foods they love listening to stories being outside	singing/dancing playing cuddles with loved ones being creative watching T.V.	being physically active (e.g. running, jumping, climbing) art/crafts other: _____

<ul style="list-style-type: none"> how do you know when they are scared or anxious? They usually... 	<ul style="list-style-type: none"> hide/withdraw use a louder voice wants to be close to you get shy bite nails/chew on things 	<ul style="list-style-type: none"> cry get agitated cover their face/ears/eyes use washroom more frequently 	<ul style="list-style-type: none"> try to escape/run want to be around a preferred adult get angry other: _____
<ul style="list-style-type: none"> how you know when they are hungry or tired? They usually... 	<ul style="list-style-type: none"> seem grumpy/fussy cry more easily get quiet/withdrawn become "silly" easily want extra attention 	<ul style="list-style-type: none"> have trouble focusing get frustrated more easily have no energy have extra energy seem a bit clumsy 	<ul style="list-style-type: none"> ask for/get food find a quiet space want to snuggle/cuddle other: _____
<ul style="list-style-type: none"> what strategies you use to soothe them when they are angry, sad, or overwhelmed? 	<ul style="list-style-type: none"> hugs/snuggles/weighted vest or blanket give them space talk to them use a calm voice take deep breaths together 	<ul style="list-style-type: none"> sing/dance listen to music do something physical lay with them rock them/bounce on ball draw/colour 	<ul style="list-style-type: none"> have a snack/drink noise-cancelling headphones jewelry read with them other: _____

Is there anything else you would like to share about your child or your family? (e.g., elaboration on any topics above, information not yet mentioned)

Other education partners:
Transportation

How will your child get to and from school?	In the morning bus car walk	In the afternoon bus car walk
---	--------------------------------------	--

Before/After School Care

Is your child currently registered or on a waiting list for before/after school care at this school?	Yes No
--	-------------

If yes, please specify which one?	OCDSB EDP (Extended Day Program) Third Party Provider a recreation program
-----------------------------------	--

When will they attend?	morning only afternoon only morning and afternoon other (e.g., alternating days, please specify) _____
------------------------	---

Signature(s) of Parent(s)/ Caregiver(s): Date:	Signature of Educator or Principal: Date:
---	--