

KINDERGARTEN PARENT QUESTIONNAIRE
MADISON CROSSING ELEMENTARY

Child's Name _____ Date of Birth _____

Parents Names _____

PLEASE TELL US ABOUT YOUR CHILD:

1. How does your child feel about entering kindergarten? _____

2. What insights do you have about your child that would be helpful for the kindergarten teacher to know?

3. What are your child's interests? _____

4. What are your child's strengths? _____

5. Are there any other facts you would like us to know about your child? _____
