

**TRUMBULL PUBLIC SCHOOLS
KINDERGARTEN REGISTRATION**

Dear Family:

This questionnaire is designed to help us to get to know your child. The information, along with other observations, will help us plan for the best start in September.

Child's Name: _____

Address: _____

Date of Birth: _____ Today's Date _____

Preschool Experience:

How do you anticipate your child will adjust to kindergarten?

Give names and ages of all your other children:

First Name

Age

First Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Significant Information which you may wish to share:

I. **PLAY:** What kind of play does your child enjoy?

- Enjoys group activities Puzzles Crayons
 Prefers one or two playmates Stories Music
 Plays mainly with siblings Paper/pencil activities
 Prefers to play alone Other _____
 Prefers outdoor activities Computer (education games)
 Prefers indoor activities Likes indoor & outdoor activities equally

II. **PAPER/PENCIL ACTIVITIES:**

- Can write name/part of it Can use scissors with supervision
 Enjoys coloring Mostly scribbles

What hand does child use: left right both

III. **SELF-HELP:** Zippers Buttons Ties

IV. **TV VIEWING/Video Games/Computer Games (Amount of time per day):**

- 1/2 hour 1 hour 2 hours 3 or more hours

Favorite Program(s) _____

V. **BEHAVIOR:** (Check as many as apply):

- Friendly Easily frustrated Stubborn
 Easy going Cooperative Independent
 Difficult to soothe Speech is difficult to understand
 Shy Does not interact playfully with peers or adults

VI. **PRESENT CONCERNS (Check if appropriate)**

- Over-active Age began: _____
 Short attention span _____
 Mood swings _____
 Nail biting/finger sucking _____
 Unexplained temper tantrums _____
 Sleep disturbances _____
 Delayed development of motor skills _____

Other: _____