



Kindergarten Parent Questionnaire



Student's Name: _____

Parent's Name: _____

Best Number to Contact you: _____

Does your child have access to working internet: yes no

Does your child have access to (circle all that applies):

 computer/laptop tablet/ipad smart phone

Email address to Contact you: _____

Which method of communication works for you? Check all that apply:

- Phone
- Notes
- Email
- Parent Workshops
- Parent Conferences/Meetings



When is the best time to contact you?

- Morning
- Afternoon
- Night

Comments regarding parent communication: _____

Has your child ever been to school before? yes no

If yes, how does your child feel about school? _____

What would you like me to know about your child that may help me work with him/her?

Thanks for your input! Mrs. Brody