

kesa Kindergarten Essential Skills Assessment

PARENT QUESTIONNAIRE

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Administration directions: This questionnaire can be administered as a structured interview between a professional and the parent. It can also be given to the parent to complete independently while the child is being evaluated.

While some questions may be regarded as sensitive, please be assured that the answers to these questions are kept confidential and are not shared with anyone outside of the school. In addition, these questions are often asked by school professionals and intervention teams to help determine strategies for parents to use to help their child improve school performance.

You have the right not to answer any question you feel is too sensitive or personal, but we hope you will complete the questionnaire fully, as it will help us to understand your student better.

All information is kept strictly confidential.

Thank you for giving us this information so we can prepare the best possible school learning and social experience for your child.

Child's Name: _____ Date of Birth: _____

Completed by (please print): _____

Relationship to Child: _____

Signature: _____ Date: _____



1. Whom does the child live with? (List everyone in the household) _____

2. How many times have you and your child moved since your child was born? _____

3. Do you read to your child? _____
- If yes, how much time each day do you read to your child? _____
- What types of materials do you read to your child? _____

4. Does your child play on a sports team or go outside to play regularly? _____
- If yes, please list some of the kinds of activities your child does outside (e.g., ride a bicycle or _____ scooter, play running games, play ball with friends, skateboard).

5. How much time each day does your child spend watching television, using the computer, tablet, and/or smart phone?

6. Does your child have chores or small jobs to do around the house on a regular basis? _____
- If yes, please list your child's chores or small jobs. _____

7. Did or does your child attend preschool? _____
- If yes, how many days a week does or did your child spend at the preschool? _____
- On average, how many hours each day does or did your child spend at the preschool program?

8. What time does your child usually go to bed? _____

9. Does your child have any trouble sleeping at night? _____

If yes, please explain. _____

10. Do you have any concerns about your child's learning or behavior? _____

If yes, what are your concerns regarding your child's learning or behavior? _____

11. What kind of job or occupation do you hope your child will choose when he or she grows up?

12. What is the highest level of education you would like your child to complete? _____

13. Is there anything else you would like to tell us about your child that would be helpful in providing the best educational experience possible?
