



“Train up a child in the way he should go, and when he is old he will not depart from it.” Proverbs 22:6

## Parent Questionnaire for Junior Kindergarten and Kindergarten Students New to Weddington Christian Academy

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Today's Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Please tell us about your child:

Preschools your child has attended: \_\_\_\_\_

List any group activities your child participates in: \_\_\_\_\_

Has your child experienced any fine motors delays?  
If yes, please explain.

Has your child experienced any large motor delays?  
If yes, please explain.

Has your child had any occupational therapy?  
If yes, please explain.

Has your child had frequent ear infections?  
If yes, please explain.

Does your child have any medical problems and/or allergies?  
If yes, please list.

Has your child been diagnosed with or suspected to have a physical and/or learning disability?  
If yes, please explain (may include, but is not limited to educational and/or psychological evaluations, speech and language evaluations and/or therapy, medical concerns).

Can your child follow simple directions?

Describe your child's memory.

continue to back page

When given a NEW task, my child:

My child shows his/her independence in dressing by:

List three self-help activities your child can do all by him/herself.

Describe your child's ability to cooperate.

My child expresses anger by:

Please give an example of your child's ability to tell the difference between right and wrong.

Describe any impulsive behaviors your child may have.

Describe any fears your child has.

Describe your child's strengths.

What are your educational goals for your child?

I have answered this questionnaire honestly and accurately.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_