Bring this completed form to Young Five and Kindergarten Roundup or when you register your child.

DEXTER COMMUNITY SCHOOLS

KINDERGARTEN ENTRANCE DEVELOPMENTAL QUESTIONNAIRE

Student Name: _____

Date of Birth:_____

A. FAMILY DATA

Student lives with: *Parent* ☐ *Step-Parent* ☐ *Guardian* ☐ *Shared Custody* ☐ *Relative* ☐ _____
(e.g., grandparents, etc.)

Home Address: _____
Street Number & Name *City* *ZIP Code* *County*

Parent/Guardian Name: _____
Relationship: _____
Occupation: _____
Highest Level of Education Obtained: Doctoral Degree

Parent/Guardian Name: _____
Relationship: _____
Occupation: _____
Highest Level of Education Obtained: Doctoral Degree

Total Number of Adults in Household (Including those listed above): _____

Total Number of Children in House (including this student): _____

If there is a divorce in the family, what age was this child when it occurred? _____

Have there been any significant losses in your child's family? *No* ☐ *Yes* ☐ **If yes, please explain:**

_____

Are there step-parents? *No* ☐ *Yes* ☐ **Are there step-siblings?** *No* ☐ *Yes* ☐

Is any language other than English spoken at home? *No* ☐ *Yes* ☐ **If yes, please list:** _____

B. DEVELOPMENTAL HISTORY

Were there any complications before, during, or after delivery? *No* ☐ *Yes* ☐ **If yes, please explain:** _____

_____

At approximately what age was your child: Sitting Alone _____ Feeding Self _____ Crawling _____
Walking _____ Toilet trained _____ (easy or difficult?)

C. HEALTH HISTORY

Medical History*

Has your child had any serious illnesses, allergies, seizures, physical defects? *No* ☐ *Yes* ☐

Does your child take any medication regularly? *No* ☐ *Yes* ☐ **List:** _____

Have you ever suspected that your child has a vision problem? *No* ☐ *Yes* ☐ **Seen an eye doctor?** *No* ☐ *Yes* ☐

Has your child ever had problems with his/her hearing? *No* ☐ *Yes* ☐ **Had hearing tested?** *No* ☐ *Yes* ☐

***If the answer to any of the Medical History questions is yes, please explain:** _____

_____

_____

_____

DCS SCHOOL ENTRANCE DEVELOPMENTAL QUESTIONNAIRE

C. HEALTH HISTORY continued

Listening and Talking:
At what age (approximately) did your child start putting words together in 2-3 word sentences? _____
Is it easy for your child to understand what he/she has heard? *No* ☐ *Yes* ☐
Is it easy for your child to remember what he/she has heard? *No* ☐ *Yes* ☐
Is it easy for you to understand his/her talking? *No* ☐ *Yes* ☐ **Can other people understand him/her?** *No* ☐ *Yes* ☐
If the answer to any of the listening and talking questions is no, please explain briefly: _____
_____

D. EMOTIONAL DEVELOPMENT

Does your child have any of the following tendencies?
Bed Wetting *No* ☐ *Yes* ☐ **Soiling** *No* ☐ *Yes* ☐ **Difficulty Separating from Parents** *No* ☐ *Yes* ☐
Easily Frustrated *No* ☐ *Yes* ☐ **Temper Tantrums** *No* ☐ *Yes* ☐ **Excessive Moodiness** *No* ☐ *Yes* ☐
Taking Things *No* ☐ *Yes* ☐ **Excessive Lies or Fantasy (beyond what is age-appropriate)** *No* ☐ *Yes* ☐
Excessive or Unusual Attention-Seeking Behavior *No* ☐ *Yes* ☐ **Excessive Fears** *No* ☐ *Yes* ☐
Nervous Habits (nail biting, stuttering, thumb sucking, etc.) Please specify: _____
Would you like to discuss the above problems with anyone? *No* ☐ *Yes* ☐
Have there been any family health problems which may have affected your child? *No* ☐ *Yes* ☐ **Please explain:**
_____
Has your child had any lengthy separations from home without parents? *No* ☐ *Yes* ☐ **At what age?** _____
Has your child had babysitters? *Never* ☐ *Rarely* ☐ *Occasionally* ☐ *Frequently* ☐ **How did he/she react?**
_____

E. SCHOOL HISTORY

Has your child attended preschool? *No* ☐ *Yes* ☐ **Name of Program:** _____
How did your child adjust to preschool? _____
Does your child show an interest in numbers? *No* ☐ *Yes* ☐ ... **In drawing?** *No* ☐ *Yes* ☐ ... **In books?** *No* ☐ *Yes* ☐
Does your child enjoy being read to? *No* ☐ *Yes* ☐
Does your child like using with paper and pencil/crayons? *No* ☐ *Yes* ☐ **Has he/she used scissors?** *No* ☐ *Yes* ☐
Can your child follow simple two- and three-step directions? *No* ☐ *Yes* ☐
What jobs does your child have around the house? _____
Does he/she take responsibility for these tasks without constant reminders? *No* ☐ *Yes* ☐

F. SOCIAL DEVELOPMENT

Has your child play regularly with other children? *No* ☐ *Yes* ☐ **Ages:** _____
Do you have any concerns about your child's ability to get along with others? *No* ☐ *Yes* ☐
List your child's interests/hobbies: _____

List your child's interpersonal strengths: _____

What are some areas in which you would like to see your child grow? _____

G. HOPES & DREAMS

Does your child talk about coming to school? *No* ☐ *Yes* ☐ ... **Look forward to going to school?** *No* ☐ *Yes* ☐
Do you have any concerns about your child's ability to get along with others? *No* ☐ *Yes* ☐
List your hopes for your child: _____
_____

Tell us anything else you would like us to know about your child: _____
_____
_____