

Getting to Know You

Kindergarten Family Questionnaire

*****Please bring this to your child's school before the end of June *****

****Families can complete this form on their own or with members of your child's team.****

Child's full name: _____ Birthdate: (M/D/Y) _____

Prefers to be called: _____ Identifies as: _____ Pronouns _____

Parent(s)/Guardian(s) Names: _____

Phone Number(s): _____

Emails(s): _____

To go home the child will: (Please indicate the days of the week):

- Be picked up by _____ on (M / T W TH F)
- If applicable, take the bus on before and/or after school on (M T W TH F)
- Childcare provider _____ on (M T W TH F)
- Other: _____
- At this time, I am currently arranging plans for pick up and will let you know in September.

Emergency Contact & relationship to Child: _____

Emergency Contact Number: () _____ - _____

Does your child have any allergies/ food restrictions/ medical conditions?

With whom does your child reside?

Are there any custody arrangements or documents? If so, please share with the school.

If you would like us to contact any of these individuals directly, please complete the [Consent for Exchange of Information](#) and provide it to your child's school team. Copies of any reports or assessments will also assist them with the planning process.

Who's on My Team? *I have a team of people who help me when I am not at school. I would like the people at school to know who they are, so that we can all work together.*

- Childcare Provider
- Family Doctor
- Pediatrician
- Indigenous Connections
- Island Health
- CYSN Social Worker
- Counsellor/Psychologist
- CDC Team
- SLP
- Other _____

Are you currently on any waitlists for support? _____



My Story- Let's Celebrate Me...



*When I know who I am and where I come from, I have a strong sense of well-being and belonging. All the things you have taught me about our family, where we come from, and what matters to us has helped to shape who I am.
(BC Ministry of Education 2019).*

Please name important people (other than guardians), relations, and pets in your child's life. Include any siblings and their ages.

What language(s) are spoken at home? Are there any unique aspects of your background or culture you would like us to know?

Please share your child's unique strengths and interests (*i.e.*, Do they have a special area/item of interest?) What are some key words you would use to describe them?

Given the choice, would your child rather...

- Play with others Watch others play Both Other _____

What types of experiences have they had before Kindergarten?

- Small group Large group Play Dates
 QEQ College StrongStart
 Organized activities, groups, sports, or clubs _____
 Other _____
 At home care Childcare Preschool

Has your child been impacted by a significant change or loss? (*i.e.* divorce, death, serious illness of self or another, change in living situation). If so, please share what you are comfortable sharing.

My Interactions with the World Around Me



I make sense of the world by having many experiences with different people, places, nature, and items. By spending time with me, you are giving me what I need to be strong, skilled, and successful. I am ready to learn from others and with others (BC Ministry of Education 2019).

What activities does your child enjoy, both indoors and outdoors?

A place from our community that is important to my child is...
(i.e.. a specific park/ beach/ campground/ swimming pool/ library, a gathering place etc.)

What activities, if any, does your child avoid?

Is your child fearful of certain items, experiences or places, or is sensitive towards certain things?

My Ways of Communicating



I am discovering that I have a voice and that it matters. I am learning ways to share my ideas and needs in many different ways, especially when we spend time playing together (BC Ministry of Education 2019).

What are your child's favourite stories, songs, poems, games, and/ or movies?

How does your child react to new situations or changes in routine? (Choose all that apply)

Excited Anxious Curious Shy Hesitant Other: _____

What has helped them adjust to new situations or changes in routines?

Does your child need support communicating their needs and wants to others (e.g. understanding/using language, English Language Learner, use a communication device, etc.)?

My Sense of Who I am



I am aware of who I am, and also know that I'm part of a bigger community. With you by my side, I am beginning to think about how we can make the world a better place (BC Ministry of Education, 2019).

Please share a bit of information about any areas where your child may need extra support or attention.

Does your child have any medical needs or need any developmental support?

Do you have any concerns around safety at school?

Does your child have any sensory differences/preferences?

Does your child need support to participate in large group activities or play with peers?

Does your child require support in meeting their physical needs (e.g. wheelchair transfers, toileting, feeding, etc.)?

Does your child use any specialized equipment or technology (e.g. wheelchair, stander/walker, communication device, etc.)?

Other:

If your child becomes upset, what calming strategies have you found successful in helping them manage frustration? (*i.e., praising effort, practicing calming techniques, breathing exercises, offering quiet space, modelling problem-solving skills, breaking down the task, etc.*)

How does your child feel about coming to Kindergarten?

How do you feel about your child coming to Kindergarten? What are your hopes and wishes and possibly concerns for their Kindergarten year?

Thank you for taking the time to complete this questionnaire. Your input will help us to better understand your child's strengths and needs, as well as how we can work together to support their growth and development in kindergarten. We look forward to getting to know you and your child.