

Timberlin Creek Elementary Kindergarten Parent Questionnaire

Learning about your child is important to us. Please take a few minutes to fill out the form below. The information you provide will help us to get to know your child better. **Once completed please email to tcesregistration@stjohns.k12.fl.us or bring it with you to your screening appointment.** Feel free to add any additional information at the bottom.

First Name/Last Name of Child: _____

Name Preference or Nickname: _____

Birthdate _____ Gender _____ Preschool Child Attended _____

Please share with us your desire of what you'd like your child to learn this year.

List any medical concerns.

List any students (i.e. cousins, neighbors, preschool friends, etc.) that we should NOT place in the same class as your child.

List any fears/concerns your child may have:

Share with us the names and ages of your child's siblings.

Describe what you think is the best learning environment to meet your child's particular needs.

How does your child best learn?

Any additional information we should know:

Please circle the number that best describes your child's ability to do each.

1= Rarely

2=Sometimes

3=Always

My child sits and listens to a story.	1	2	3
My child can & will easily change from one activity to another.	1	2	3
My child will follow a 2 step direction.	1	2	3
My child takes turns.	1	2	3
My child interacts and gets along with others.	1	2	3
My child states his/her first and last name.	1	2	3
My child knows his/her birthday.	1	2	3
My child attempts to solve problems on his/her own.	1	2	3
My child can dress him/herself.	1	2	3
My child knows his/her phone number	1	2	3
My child writes his/her name.	1	2	3
My child uses scissors to cut paper.	1	2	3