



**Southside Christian School**  
**2020-21 Parent Questionnaire**  
**for Kindergarten Prospective Student**

Child's Name: \_\_\_\_\_  
  First  Middle  Last  Goes by

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

Parent/Guardian's Name(s) \_\_\_\_\_

Parents/Guardians, please take a few minutes to tell us about your child.

1. Has your child experienced any fine motor delays? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain. \_\_\_\_\_
2. Has your child had frequent ear infections? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain. \_\_\_\_\_
3. Can your child recite and/or recognize the alphabet? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Can your child count from 1 – 50? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Which hand does your child use for writing / coloring? \_\_\_\_\_ Right \_\_\_\_\_ Left
6. My child shows his/her independence in dressing by: \_\_\_\_\_  
\_\_\_\_\_
7. At a 10 – 15 minute story session, describe your child's activity level.  
\_\_\_\_\_  
\_\_\_\_\_
8. Given a task, my child will: \_\_\_\_\_  
\_\_\_\_\_
9. Describe your child's memory. \_\_\_\_\_  
\_\_\_\_\_
10. List three activities (self-help) that your child can do all by him/herself.  
\_\_\_\_\_  
\_\_\_\_\_
11. My child has the ability to independently use the toilet, and demonstrates this by:  
\_\_\_\_\_  
\_\_\_\_\_
12. Describe your child's ability to cooperate. \_\_\_\_\_  
\_\_\_\_\_

13. My child expresses anger by: \_\_\_\_\_  
\_\_\_\_\_
14. Please cite an example of your child's ability to tell the difference between right and wrong.  
\_\_\_\_\_
15. In our home we expect (concerning obedience): \_\_\_\_\_  
\_\_\_\_\_
16. Describe any impulsive behaviors your child may have. \_\_\_\_\_  
\_\_\_\_\_
17. Describe any hyperactivity or outbursts of temper your child may have.  
\_\_\_\_\_
18. How well does your child obey? \_\_\_\_\_
19. Leaving parents is \_\_\_\_\_ for your child.  
Explain reactions: \_\_\_\_\_
20. When given a new task, my child: \_\_\_\_\_  
\_\_\_\_\_
21. Describe any fears your child has. \_\_\_\_\_  
\_\_\_\_\_
22. Describe how your child plays with friends. \_\_\_\_\_  
\_\_\_\_\_
23. What are your child's interests? \_\_\_\_\_
24. What are some areas that your child excels? \_\_\_\_\_  
\_\_\_\_\_
25. What is the primary language spoken at home? \_\_\_\_\_  
Are there any other languages spoken at home? \_\_\_\_\_
- Questionnaire completed by: (Please circle) Mother Father Guardian
- Please add any additional comments: \_\_\_\_\_  
\_\_\_\_\_

**Please return the completed form to the Elementary School Office.**

Southside Christian School  
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