SCHOOL READINESS QUESTIONAIRE

Information Shared by Parent(s) with the PRINCIPAL ONLY

Student's Name			(M)		(F)	
Date of Birth:		Place of Birth:				

1) Family Information:

1. Siblings: Name(s) and Age(s)

_____

_____

_____

- Is the child in the custody of both parents? Yes ☐ No ☐
- Child is living with: Mother ☐ Father ☐ Guardian ☐
- Language spoken by Caregiver: _____

- Has your child attended a Nursery School or Day Care Centre? If so, please give details

Yes ☐ No ☐

Details:

_____

_____

_____

_____

_____

2. Health Information

Does your child have any health problems? (e.g., Allergies, asthma)	☐ Yes ☐ No Explain:
Has your child had any ear infections? If so, how many?	☐ Yes ☐ No Explain:
Has your child's hearing ever been tested by an audiologist? If so, could you please supply the school with a copy of the report?	☐ Yes ☐ No Explain:
Has your child had hearing tubes inserted?	☐ Yes ☐ No Explain:
Has your child's vision ever been tested?	☐ Yes ☐ No Explain:
Does your child require glasses (far or near sighted)?	☐ Yes ☐ No Explain:
Has your child had any serious illnesses or accidents which you feel might have affected his/her development?	☐ Yes ☐ No Explain:

3. Language Skills

What language(s) does your child speak?	
What language(s) does your child understand?	
At what age did your child start to speak?	
Does your child use simple sentences to tell others what to do, to ask questions and/or share ideas?	☐ Yes ☐ No Explain:
Can your child carry out 2 or 3 simple directions given all at once, for example "Put your blocks away, get your coat and we'll go outside."	☐ Yes ☐ No Explain:
Does your child recognize any letters of the alphabet?	☐ Yes ☐ No Explain:
Does your child recognize any numbers?	☐ Yes ☐ No Explain:
Are you satisfied with the way your child says his/her words?	☐ Yes ☐ No Explain:
Does your child have any speech difficulty?	☐ Yes ☐ No Explain:
Has your child been referred to Wordplay (Playschool Speech and Language Services)?	☐ Yes ☐ No

	Explain:
Is your child attending Wordplay (Preschool Speech and Language Services)?	☐ Yes ☐ No Explain:
If your child is currently receiving speech or language therapy, please give the name of the therapist involved with your child	

4. Social Experiences:

Does your child play quietly or actively?	☐ Yes ☐ No Explain:
With whom does your child play?	☐ Alone ☐ With older children ☐ With younger children
Would you say your child is a leader?	☐ Yes ☐ No Explain:
What activities does your child enjoy?	
What activities do you enjoy as a family?	
How much television does your child watch per day? (Average)	_____ Hours per day

What programs are his/her favourite(s)?	
Is your child involved in any community programs (swimming, skating, hockey)?	☐ Yes ☐ No Explain:
Does your child enjoy books?	☐ Yes ☐ No Explain:
Is your child read to?	☐ Yes ☐ No Explain:
Is your child able to remember songs or rhymes?	☐ Yes ☐ No Explain:
Has your child had experience with	_____ Paints _____ Crayons _____ Scissors _____ Glue
Has your child had experience with technology? (eg: IPods, IPads, computers etc…)	☐ Yes ☐ No Explain:
Does your child help select the clothing he/she wears?	☐ Yes ☐ No Explain:

5. Development

Is your child right or left-handed?	Right Left
Does your child help to dress himself/herself?	☐ Yes ☐ No Explain:
Is your child able to print his/her first name?	☐ Yes ☐ No Explain:
Is your child aware of dangers such as fire, electricity, traffic, and strangers?	☐ Yes ☐ No Explain:
Is your child able to be in a new or strange situation without 'undue show of fear'?	☐ Yes ☐ No Explain:
Can your child take care of his/her own toilet needs?	☐ Yes ☐ No Explain:
What methods of discipline do you find most effective in dealing with your child?	
How does your child's express his/her feelings with you?	
How does your child express his/her anger?	
Tell me about your child's eating habits.	

Tell me about your child's bedtime routine.	
Does he/she nap during the day?	☐ Yes ☐ No
What would you say are your child's strengths?	

5. School Adjustments

How does your child feel about coming to school?	
Is your child able to sit still and listen to a story for ten minutes?	☐ Yes ☐ No
Does your child listen without interrupting while someone else talks?	☐ Yes ☐ No
Is your child able to share and take turns?	☐ Yes ☐ No
What do you expect your child to acquire through the kindergarten program?	
What else would you like your child's teacher to know about your child?	
Are there any activities from which your child should be excused?	☐ Yes ☐ No Explain:

7. Emotional Adjustments

When your child does not want to do something asked of him/her, how does he/she react?	
How does your child feel and react to changes in routine and plans?	
When your child is experiencing intense emotions (I.e., anger, disappointment), which of the following reactions present?	Yelling Hitting or other physical aggressions Shutting down Fleeing Crying Other
How often does your child require external support (I.e., help of an adult) to manage her/his emotions and Behaviours?	Rarely Occasionally Often Always
When your child is experiencing difficulty managing emotional control, what works best to calm and redirect him/her?	
Please list sources that cause feelings of worry in your child. How does your child express or show feelings of worry?	
Has your child witnessed or experienced events that can sometimes impact current or future upset (I.e. loss, breakdown, violence, abuse.)?	

8. Any Other Helpful Information:

Is there any other information about your child that would be helpful to know that hasn't been discussed?

NOTE: If you have any serious concerns which have not been recognized, please maintain regular communication with your principal.

Teacher	Date	Parent/Guardian

Principal	Date

The above information is confidential in the educational interest of the child. The signature of the parent or guardian is permission to place this information in the child's Ontario Students Record folder (O.S.R.) folder.

In accordance with the Ministry of Education's Memorandum concerning the Early Identification of Children's Learning Needs, the Early Identification Questionnaire Form shall be filed in the student's Ontario Students Record folder (O.S.R).