

**McGuffey Foundation School**  
**Kindergarten Questionnaire**  
(Please return by first day of school.)

Student name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Who filled out this form? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

We can do our best with your child if we have some knowledge about him/her before school starts, and you know your child's behavior better than anyone else. Please feel free to comment on any of the items that you feel are pertinent to your child. Check all that apply.

<b>Approach to new experiences:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Prudently cautious, relaxes fairly quickly</li><li><input type="checkbox"/> Loves them! Totally fearless</li><li><input type="checkbox"/> Likes to watch for a long time, slow to participate</li><li><input type="checkbox"/> May need considerable help to feel comfortable</li></ul>	Comments:
<b>Independence (circle one):</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Dresses self/needs help</li><li><input type="checkbox"/> Ties shoes/needs help</li><li><input type="checkbox"/> Cleans up after self/needs help.</li><li><input type="checkbox"/> Needs frequent/periodic feedback from adults</li><li><input type="checkbox"/> Very/overly independent- watch carefully</li></ul>	Comments:
<b>Social style with adults:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Comfortable with most adults</li><li><input type="checkbox"/> Comfortable with known adults</li><li><input type="checkbox"/> Takes time to warm up to adults</li></ul>	Comments:
<b>Social style with children:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Comfortable with younger children</li><li><input type="checkbox"/> Comfortable with older children</li><li><input type="checkbox"/> Initiates contact with other children</li><li><input type="checkbox"/> Responds to initiation by other children</li><li><input type="checkbox"/> Needs time to observe before ready to respond</li><li><input type="checkbox"/> Needs adult facilitation with (circle one) older/younger children</li></ul>	Comments:
<b>Toilet habits:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Totally self-sufficient</li><li><input type="checkbox"/> Needs to be prompted</li><li><input type="checkbox"/> Frequent toilet trips normal</li><li><input type="checkbox"/> Frequency in times of stress</li><li><input type="checkbox"/> Accidents probable – we're sending extra underpants</li></ul>	Comments:

(over)

**Eating habits:**

Comments:

- Eats almost anything
- Prefers a few known foods
- Is a finicky eater
- Needs to be coaxed to eat

**Sleep habits & alertness:**

Comments:

- Sleep on a regular schedule
- Has trouble falling asleep
- Has trouble waking up
- Needs short naps
- Is most energetic/happiest during (circle one):  
morning / afternoon / evening
- Has lowest point during (circle one):  
morning /afternoon / evening

**Activity level:**

Comments:

- Likes to run
- Likes to jump.
- Likes “rough play”
- Avoids strenuous play
- Has difficulty sitting still for short periods
- Is moderately active
- Likes quiet, sedentary activities
- 

**Large muscle activities:**

Comments:

- Runs and jumps easily
- Stands on one foot
- Hops on one foot.
- Skips
- Rides bike (circle one): with / without training wheels
- Is comfortable with ball activities
- Climbs well
- Is physically conservative, could do more but  
chooses not to
- Knows physical limits
- Daringly exceeds safe limits– WATCH OUT!

**Small muscle activities:**

Comments:

- Uses scissors.
- Controls paste/glue.
- Draws (circle one):  
constantly / daily / weekly / rarely / never
- Writes name (circle any that apply):  
capitals / lower case.
- Writes a few letters.
- Writes most letters.
- Colors well.
- Ties shoes.