



PALM VALLEY ACADEMY

Kindergarten Parent Questionnaire 2019-2020

Child's Name: _____ Nickname: _____

Gender: ___F ___M Age entering KG: _____ Birth Date: _____

1. My child has participated in (you may check any that apply):

___Full-time Preschool/Daycare ___Part-time Preschool/Daycare ___VPK ___Play Group ___In-Home Child Care

2. How does your child feel about starting Kindergarten? _____

3. Is your child in any Special Programs? Does your child have an IEP? **Yes or NO**

___ESE ___504 ___ESOL/ELL ___Speech ___Language ___OT ___PT _____Other

4. Do you have concerns we should know about?

- Health concerns/dietary needs/allergies: _____
- Emotional concerns such as fears/anxieties: _____

5. My child can read: ___Independently ___With Guidance ___Not Yet

6. Recognizes letters: ___All ___Some ___No

7. Recites the alphabet: ___Yes ___No

8. Recognizes numbers: ___Yes ___No

9. Can count to: ___100+ ___100 ___50 ___20 ___Some

10. Identifies basic colors: ___Yes ___Some ___No

11. Identifies basic shapes: ___Yes ___Some ___No

12. How would you describe your child: _____

13. What motivates your child to achieve? _____

14. In what type of environment does your child learn best? **Structured or Self-Directed** (circle one)

Please Note: We do not accept requests for a particular teacher.
Please refrain from naming teachers on this form.

Return completed form to Mary Dominguez via e-mail, fax, USPS mail, or in person.

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