TARBUT V'TORAH
COMMUNITY DAY SCHOOL
Parent Questionnaire - TK/Kindergarten

Child's Name_____
Name to be used in school_____
Names of Siblings_____Age _____ Grade _____
_____ _____ _____
_____ _____ _____

With Whom Does Your Child Reside? Circle one: Mother/Father Mother Father
Other (please explain)_____ Joint Custody (please explain) _____
_____
_____

Primary language spoken in the household? _____
What would you say are your child's strengths? _____
_____
_____
What would you say are your child's weaknesses? _____
_____
_____
Does your child have any special interests or hobbies? _____
_____
_____

Please check the categories that typically describe your child:

	Almost Always	Sometimes	Almost Never
Happy			
Enjoys being read to			
Enjoys books independently			
Enjoys challenges			
Independent			
Likes to share			
Excited about school			
Likes to play alone			
Easily frustrated			
Cries easily			
Fearful of new situations			
Whines			

What are some of your child's favorite activities?
Indoors: _____
_____
Outdoors: _____
_____

How much TV does your child watch each day? _____
Regularly watched TV shows: _____

Please describe your child's most recent school experience in regard to teaching style and curriculum (i.e. academic, developmental, structured, unstructured):
_____
_____
_____
_____

How many hours a day does your child attend school? _____

What does your child enjoy most about school? _____
_____
_____

What does your child like least about school? _____
_____
_____

Has your child's teacher ever reported to you that your child has difficulty with behavior, following directions, staying on-task or completing assignments? If yes, please explain.
_____
_____
_____

What else would you like our school to know about your child? _____
_____
_____

Please describe your expectations regarding your child's experience at Tarbut V'Torah:
_____
_____
_____
_____
_____
_____

Parent Signature_____ **Date** _____

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