

Student's name: _____ **Date of birth:** _____

Kindergarten survey

1) Does your child appear to understand and carry out directions? (please circle one):
YES NO

2) Did your child attend a preschool? (please circle one): YES NO

If yes, for how long and what was the name of the school: _____

3) Does your child know the entire alphabet? (please circle one): YES NO

4) Does your child recognize every letter in the alphabet? (please circle one):
YES NO

5) Does your child know the sounds of every letter in the alphabet? (please circle one):
YES NO

6) Does your child know how to read basic sight words, such as **the, and, is**? (please circle one): YES NO

7) Does your child recognize his/her first name? (please circle one): YES NO

8) Does your child recognize his/her last name? (please circle one):
YES NO

9) Does your child know how to write his/her first name? (please circle one):
YES NO

10) Does your child know how to write his/her last name? (please circle one):
YES NO

11) Does your child recognize the numbers from 0-20? (please circle one):
YES NO

12) Does your child count from number 0-20? (please circle one):
YES NO

13) Does your child write the numbers from 0-20? (please circle one):
YES NO

14) Does your child know how hold a crayon? (please circle one): YES NO

15) Does your child know how hold a pencil? (please circle one): YES NO

16) Would you be interested in having your child enrolled in the bilingual program?
(English and Spanish) YES NO

17) Is there any additional information that you would like to tell us about your child?

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