****

**COUNTDOWN TO KINDERGARTEN**

**PRE FAMILY QUESTIONNAIRE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

Teacher Name: Family Number:

**You and Your Child**

1. Do you read to your child? Yes\_\_\_\_\_ No\_\_\_\_\_
2. If so, how many **times** per week do you read? \_\_\_\_\_\_\_\_\_\_
3. Do you give your child responsibilities at home? (ex.: cleaning, feeding pet, making bed)

Yes\_\_\_\_\_\_ No\_\_\_\_\_

1. If so, what are those responsibilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Child**

1. At this time, I think my child feels the following way about attending Kindergarten? (please check all that apply) –THIS QUESTION IS FOR HOME VISITOR INFORMATION ONLY AND CHANGES ARE NOT EVALUATED.
2. Scared\_\_\_\_\_\_\_\_\_\_\_
3. Nervous\_\_\_\_\_\_\_\_\_\_
4. He or she has not discussed attending Kindergarten\_\_\_\_\_\_\_\_
5. Excited\_\_\_\_\_\_\_\_\_
6. Ready to start\_\_\_\_\_\_\_\_

6) About how many hours does your child sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As a Parent**

7) In your opinion, what does it mean to be ready for kindergarten?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At this time, I plan to be involved in my child’s kindergarten experience and school.

Yes\_\_\_\_\_ No\_\_\_\_\_\_\_

1. If yes, I plan to be involved in the following ways (please check all that apply):
2. Attending parent/teacher conferences\_\_\_\_\_
3. Attending open houses and other school wide activities\_\_\_\_
4. Initiating contact through calling, emailing or sending notes to my child’s teacher\_\_\_
5. Letting my child’s teacher know when my child will be absent\_\_\_\_
6. Joining the PTA or other school parent’s groups\_\_\_\_
7. Volunteering in my child’s classroom\_\_\_\_

**The Countdown to Kindergarten Program**

10) What helped you decide to sign up for the program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11) What are your expectations for the Countdown to Kindergarten Program? What specific

things would you like to see happen?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the Countdown to Kindergarten PRE Questionnaire.

We are looking forward to having your family in the program.