

## PRE-PROGRAM PARENT QUESTIONNAIRE

This questionnaire is also available online: <a href="https://www.surveymonkey.com/r/G3Y95XV">https://www.surveymonkey.com/r/G3Y95XV</a>

The person who completes this Countdown to Kindergarten pre-program questionnaire should also complete the post-program questionnaire at the end of the program. This should be the adult who will participate most in the Countdown to Kindergarten visits with the teacher. One adult per child needs to complete both the "pre" and "post" questionnaires.

The first two questions will help us link your questionnaire answers to information you provided on other Countdown to Kindergarten forms. All information is confidential and kept in a locked, password-protected file.

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What is the LAST NAME of the first ADULT who signed the data consent form of the Countdown to Kindergarten program:  What is the FIRST NAME of the first ADULT who signed the data consent form of the Countdown to Kindergarten program:						
4. At what SCHOOL will your child attend kindergarten? (Example: Clearwater Elementary School)						
5. How well does your child do in early reading skills? Please circle one number below:						
Not well at all	Not very well	Somewhat well	Very well	Extremely well		
1	2	3	4	5		
6. How well does your child do with math and numbers? Please circle one number below:						
Not well at all	Not very well	Somewhat well	Very well	Extremely well		
1	2	3	4	5		
7. How difficult is early reading for your child? Please circle one number below:						
Not difficult at all	Not very difficult	Somewhat difficult	Very difficult	Extremely difficult		
1	2	3	4	5		

8. How diff	icult are math and numbers fo	r your child? Please circ	le one number belov	N:		
Not difficul	t at all Not very difficult	Somewhat difficult	Very difficult	Extremely difficult		
1	2	3	4	5		
9. How mu	ch natural talent do you feel yo	our child has in reading?	Please circle one nu	umber below:		
None	Little	Some	A good bit	A great deal		
1	2	3	4	5		
10. How m	uch natural talent do you feel y	our child has in math? F	Please circle one nu	mber below:		
None	Little	Some	A good bit	A great deal		
1	2	3	4	5		
11. How we	ould you describe your current I know VERY LITTLE about w I know SOME of what will be I have a GOOD UNDERSTANI kindergarten	hat will be expected of nexpected of me and my	ne and my child for child for kindergarte	kindergarten en		
12. How we	ould you describe your child's He/she is NERVOUS and/or o He/she has NOT DISCUSSED He/she is SOMEWHAT EXCITED abo	does not want to begin k beginning kindergarten FED, but A LITTLE ANXIC	indergarten DUS about beginning	g kindergarten		
13. How wo	ould you describe YOUR relation	onship with your child's f	uture kindergarten t	eacher?		
	I DO NOT KNOW my child's kindergarten teacher					
	I KNOW A LITTLE about my child's kindergarten teacher					
	I KNOW my child's kindergarten teacher but DO NOT LIKE OR TRUST him/her					
	I KNOW my child's kindergarten teacher and LIKE AND TRUST him/her					
14. How wo	ould you describe YOUR CHILE	O'S relationship with his/	her future kindergar	ten teacher?		
	My child DOES NOT KNOW his/her kindergarten teacher					
	My child KNOWS A LITTLE about his/her kindergarten teacher					
	My child KNOWS his/her kindergarten teacher but DOES NOT LIKE OR TRUST him/her					
	My child KNOWS his/her kind	dergarten teacher and LI	KES AND TRUSTS h	im/her		
15. Which of that apply:	of the following activities do yo	ou plan to be involved in	at your child's scho	ol? Please check all		
	Keeping in touch with the teacher					
	Parent-teacher conferences					
	Parent Teacher Organization (PTO) meetings					
	Volunteering in the classroom					
	Volunteering for field trips					
	None					
	Other (please specify):					

Thank you very much! Your feedback is important to us.