



# BHPCNS Parent TK Questionnaire

*Please print clearly*

Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Family Primary Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_/\_\_\_\_\_

Email Address(es): \_\_\_\_\_/\_\_\_\_\_

*Please answer the following questions about your child.*

Why do you believe a TK year is appropriate for your child? \_\_\_\_\_

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Share three (3) adjectives that best describe your child:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

My child's favorite toys, games, and activities are: \_\_\_\_\_

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My child is really good at: \_\_\_\_\_

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My child sometimes has trouble with: \_\_\_\_\_

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My child does not like: \_\_\_\_\_

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When angry or frustrated my child: \_\_\_\_\_

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Currently, my child is \_\_\_\_\_ excited to go to school, or \_\_\_\_\_ is nervous about attending school. (*check one*)

Do you anticipate any adjustment issues for your child starting a TK program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you have any suggestions on ways we can ease your child's transition to school? \_\_\_\_\_

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*Please complete the opposite side.*

Child's Name: \_\_\_\_\_

Are there any situations in your home life that we should know about? (*i.e., health concerns in your household, custody arrangements, etc.*) \_\_\_\_\_

Does your family have any religious beliefs, customs, or traditions of which you would like us to be aware?

Does your child have any allergies, reactions, and/or are their family religious beliefs we should be aware of that would impact snacks or special treats served at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list these foods: \_\_\_\_\_

Would you like to have a meeting with the TK teacher and/or Director to discuss any issues or concerns regarding your child prior to the start of the school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate what you would like to discuss any diagnosed or suspected:

\_\_\_\_\_ Medical/health/allergy issues    \_\_\_\_\_ Developmental issues, i.e. speech    \_\_\_\_\_ Behavioral issues

Other, please describe: \_\_\_\_\_

What is the best way to reach you to schedule a meeting to discuss any of the information contained in this questionnaire? Email \_\_\_\_\_ Phone \_\_\_\_\_ If phone, when is the best time to call? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This information is for confidential use only.  
It will be shared with your child's teacher and stored in your child's file in the school office.**