

City School District of Albany
Albany, NY
Pre-K and Kindergarten Questionnaire
Complete for Pre-K or Kindergarten Students Only
(In addition to Student registration Form)

Student's Name _____ DOB: ____/____/____

Has your child attended: Head Start Day Care Center Nursery School

Pre-kindergarten: Yes No Albany City School Pre-kindergarten? Yes No

Name of School _____

How many days a week did your child attend? 5 days 3 days Other

Full Day Session Half-Day Session Number of Months in Program _____

May we contact the school for information? Yes No

At what age did your child begin to walk? Before 1 year 1 year After 1 year

At what age did your child begin to talk? Before 1 year 1 year After 1 year

Can people other than family understand your child's speech? Yes No

Which hand does your child use more readily? Left Right Undetermined

Does your child make friends easily?

All the time Most of the Time Sometimes Seldom

Does your child play well with other children?

All the time Most of the Time Sometimes Seldom

Does your child play with children who usually are younger?

Younger Same Age Older

Does your child accept changes in schedule without getting upset?

All the time Most of the Time Sometimes Seldom

Parent or Guardian Signature _____