

Riffenburgh Elementary, an IB World School  
Kindergarten Questionnaire

Thank you for filling out this form to its entirety as it helps us to create balanced classrooms

Child's Full Name \_\_\_\_\_  
Last First Middle

Name your child goes by: \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Telephone \_\_\_\_\_  
Month Day Year

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please indicate any religious beliefs or practices of which we should be aware:

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

Please indicate any family situations which would be beneficial to the teacher in working with your child:

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

Please indicate any allergies, unusual habits, serious medical issues, traumatic experiences:

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

What type of discipline is most effective at home?

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

Are there other languages than English spoken at home?

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

In what different locations has your child lived? (ex: Colorado, Wyoming, etc.)

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Do you have any emotional/behavioral concerns about your child?

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What are your child's strengths?

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What areas could your child improve?

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What goals/hopes do you have for your child's Kindergarten experience?

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What is your child's current living arrangement? (ex: lives with both parents, school days with mom and weekends with dad, grandparents, etc.)

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Has your child attended preschool, prek or Kindergarten at another school? If so, please provide details of that experience.

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We are looking forward to getting to know you and your Kindergartener!