

**WAPPINGERS CENTRAL SCHOOL DISTRICT**

167 Myers Corners Road  
Wappingers Falls, NY 12590  
TEL 845-298-5000

Coordinator

Office of Student Programs

**KINDERGARTEN SOCIAL - HOME SURVEY**

*Please complete this survey and return to your child's kindergarten teacher. It will be placed in your child's permanent record folder and limited to use by the school staff. This survey will be removed from your child's folder at the end of the primary grades. Parents who wish the removal of the form prior to this should contact the building principal.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

What name does your child prefer to be called? \_\_\_\_\_

With whom does your child live? (Check all that apply)

Mom     Dad     Siblings     Grandparents     Other \_\_\_\_\_

Where does your child fall in the family order?

First child     Middle child     Last child     Only child     Other \_\_\_\_\_

Do other family members live elsewhere?     yes     no

Has your child attended nursery school or daycare?     yes     no

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

May we call for information?     yes     no

**CHILD DEVELOPMENT**

Can your child dress him/herself?     yes     no

Can your child take care of his/her bathroom needs?     yes     no

Can your child follow directions?     yes     no

Can your child attend to a story or activity for 15 – 20 minutes?     yes     no

Has your child chosen which hand he/she prefers to use?     yes     no

If yes, which hand? \_\_\_\_\_

Can you and/or others understand your child's speech?     yes     no

