WAPPINGERS CENTRAL SCHOOL DISTRICT

25 Corporate Park Drive Hopewell Junction, NY 12533 TEL 845-298-5000

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:	Si	gnature:					
Child's Name							
What name does	your child prefer t	o be called?					
With whom does ☐ Mom	s your child live? (C □ Dad □ S		oly)] Grandparents	□ Other _			
Where does your	child fall in the far	mily order?					
☐ First Child	☐ Middle Child	□Last child	d □ Only child	□ Other _			
Do other family 1	nembers live elsew	here?		□ Yes	□ No		
Has your child at	□ Yes	□ No					
Name Phone Number							
May we call for i	□ Yes	□ No					
CHILD DEVELOPMENT							
Can your child d	□ Yes	□ No					
Can your child ta	□ Yes	□ No					
Can your child fo	□ Yes	□ No					
Can your child at	□ Yes	□ No					
Has your child ch	□ Yes	□ No					
If yes, which han	□ Left	□ Right					
Can you and/or o	□ Yes	□ No					

Do	o you think your child	will require spec	rial assistance in any of the areas listed below?
1.	Speech	□ Yes	□ No
2.	Behavior	□ Yes	□ No
3.	Rate of Learning	□ Yes	□ No
4.	Health	□ Yes	□ No
5.	Coordination	□ Yes	□ No
H	ow often do you read t	o your child?	
	re there any hobbies or are with your child's k		ou or your family would be willing to s?
his fea all	s/her teacher to know. ars, family history – wl	Some examples hich may include eating or sleepin	your child that you feel would be helpful for are: special interests, unusual experiences, and e custody and/or health issues – such as food g. If you prefer, you may share specific child's teacher.