



SAMPLE School Entry Parent Questionnaire

This questionnaire will be placed in your child's Ontario Student Record (OSR) file until the end of Grade One. If you do not wish to answer any questions, please leave it blank. If you feel that any item of information is of particular importance, please discuss it with the teacher when you meet.

Child's Name: _____
Surname First Middle

What would you like your child to be called at school? _____

Date of Birth: _____

Check the materials your child uses at home:

- Crayons Scissors Pencils Paper
- Paint Glue Markers Blocks/Lego
- Puzzles Games Books Playdough/Plasticine
- Tricycles or other riding toys

What is your child's favourite activity to do alone?

Has your child ever been hospitalized, had a serious illness, or a major accident?

Are there any foods your child cannot eat?

_____ _____
_____ _____
_____ _____

Please complete any of the following statements that will give the teacher a better understanding of your child.

My child feels that school _____

My child thinks the teacher will _____

My child is very good at _____

I hope my child's teacher will _____

My child makes friends _____

My child is afraid of _____

My child watches TV in the morning _____ afternoon _____ evening _____

Favourite TV programs are _____

My child uses the computer to _____

Favourite computer programs are _____

My child enjoys _____

Our family enjoys _____

In stressful situations my child _____

I reward my child _____

I would like you to know the following about my child _____

Please include the assigned school bus information where applicable

(number, colour, symbol) _____

Date: _____ Parent/Guardian Signature: _____

Date: _____ Teacher Signature: _____