

Alki Elementary School Kindergarten Questionnaire



Please return to Alki Elementary. This form helps us to determine classroom placements.

Date _____ Child's Name _____

Name to be used at school _____

Preferred gender/pronoun _____

Birthday _____ Phone (work or cell) _____

Address _____

Parent/guardian name(s) _____

Siblings at Alki Elementary _____

If you are a current Alki family, what teacher has/have your children had in the past?

Are you a first time Kindergarten Parent? Yes No

Will your child ride the bus to school? Yes No

Social Experiences

Has your child attended preschool? Yes No How long? _____ years

Name of preschool(s) _____

My child can (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Tie Shoes | <input type="checkbox"/> Identify 15 or more letters |
| <input type="checkbox"/> Manage lunch, include opening packages | <input type="checkbox"/> Manage toileting (zippers, snaps, buttons, etc.) |
| <input type="checkbox"/> Write his/her own name | <input type="checkbox"/> Manage coat/backpack |
| <input type="checkbox"/> Identify #'s to 10 | <input type="checkbox"/> Read simple books |

My child learns best in an environment where...

What are your child's academic, social, and emotional strengths?

What are your child's academic, social, and emotional needs or concerns?

What else would you like us to know about your child?

We encourage you to watch the Alki Elementary website for info & events. Have questions? Contact the Alki School Office at 206-252-9050. Note that the main office will be closed for questions for the month of July.

We welcome you to Alki!