OTTAWA-CARLETON DISTRICT SCHOOL BOARD

**Kindergarten Parent/Caregiver Questionnaire**

Welcome to Kindergarten! At OCDSB, we recognize that families play a significant role in a child's education and as parents/guardians you have a deep understanding of your child. Because children come to Kindergarten with many different experiences, talents, and needs, Kindergarten teams benefit from hearing and considering key information about your child before they begin school. Learning about your child helps us meet them where they are at and create the conditions for a smooth transition to school.

If you would like assistance filling out this questionnaire, or if you have any questions, please don't hesitate to contact the school.
Please complete this form and return it to the school at your earliest convenience.

| **Basic Information** | **School: _____** |
|---|---|
| Child's Full Name:<br><br>Child's Preferred Name:<br><br>Child's Pronouns: | _____<br><br>_____<br><br>_____ |
| Child's Date of Birth: (yyyy/mm/dd) | |
| Parent/Caregiver Names | |
| Parent/Caregiver Names | |

| **Please tell us about your child's home and care environments.** | |
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| Who lives in your child's home(s)? (adults and children) | |
| What languages does your child hear, speak, and/or understand ? | hear: _____ |

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| | speak: _____<br><br>understand: _____ |
| Tell us about some things your family likes to do together. (e.g., activities, shared interests, special celebrations/traditions) | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| What is important to your family? | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| Tell us about how your family shares stories? | ☐ make up stories together<br>☐ oral storytelling<br>☐ reading picture books together<br>☐ listen to books online<br>☐ listen to videos online<br>☐ read before bed<br>☐ listen to stories online<br>☐ dress-up/acting out<br>☐ other: _____ |
| Who has helped with care for your child? (check all that apply) | ☐ relatives<br>☐ friends/neighbours<br>☐ home child care provider<br>☐ nursery school/child care centre<br>☐ respite care<br>☐ other: _____ |
| Has your family accessed early years resources within the community? (Please check all that apply) | ☐ EarlyON Centres (e.g., playgroups, drop-in centres, Baby and Me)<br>☐ Wabano Centre (e.g., Wabano Kids, Parenting Bundle)<br>☐ Inuuqatigiit Centre (e.g., Storytelling, Family Kitchen)<br>☐ Odawa's Early Years Child and Family Centre<br>☐ Ottawa Public Library (e.g. storytime sessions) |

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| | ☐ Mothercraft<br>☐ Parent Resource Centre<br>☐ Ottawa Public Health (e.g., Parenting Ottawa)<br>☐ First Words<br>☐ City of Ottawa recreational activities (e.g., skating lessons, swimming, soccer, gymnastics, arts programs)<br>☐ Partners in Parenting<br>☐ Outdoor Education (e.g., Ottawa Forest and Nature School)<br>☐ Other, please explain: |

| **Please tell us about your child's health and development.** | |
|---|---|
| Does your child have any serious or life-threatening medical conditions that we should know about? | ◯ Yes ◯ No (If yes, please state the condition)<br><br>_____ |
| Do you have any concerns about your child's health and development? | ◯ Yes ◯ No (if yes, please check those that apply.)<br>☐ vision (e.g., blind-low vision, requires glasses)<br>☐ hearing (e.g., needs FM system, cochlear implants)<br>☐ speech (e.g., not yet talking, difficult to understand)<br>☐ cognitive ability (e.g., poor memory, difficulty with attention)<br>☐ fine motor skills (e.g., has difficulty with dressing, weak hand strength)<br>☐ gross motor skills (e.g., loses balance, not yet running or climbing)<br>☐ connection to/separation from others (e.g., difficulty separating or wanders away easily)<br>☐ sensitivity to sensory input<br>☐ other: _____ |

## Please help us to get to know your child.

**What are some things your child likes or enjoys doing?**

- ☐ building
- ☐ playing outside
- ☐ drawing/colouring
- ☐ playing with dolls
- ☐ playing with cars
- ☐ making things
- ☐ riding their bike
- ☐ helping clean
- ☐ helping bake/cook
- ☐ playing games
- ☐ imaginary play
- ☐ ball play
- ☐ listening to stories
- ☐ music
- ☐ play electronic games
- ☐ other: _____

**Tell us about who your child likes to play with?**

- ☐ by themself
- ☐ with sibling(s)
- ☐ with younger kids
- ☐ with older kids
- ☐ with adults
- ☐ other: _____

**What are some attributes that you and other family members appreciate about your child?**

- ☐ funny
- ☐ cooperative
- ☐ kind
- ☐ assertive
- ☐ creative
- ☐ cautious
- ☐ ocuse
- ☐ athletic
- ☐ affectionate
- ☐ quiet
- ☐ playful
- ☐ resourceful
- ☐ nurturing
- ☐ sensitive
- ☐ independent
- ☐ helpful
- ☐ problem-solver
- ☐ curious
- ☐ perseverant talkative/
- ☐ sociable
- ☐ other: _____
- ☐ humble
- ☐ empathetic
- ☐ thoughtful
- ☐ reflective
- ☐ observant/watchful
- ☐ leader
- ☐ other: _____

**We would like to know more about what your child needs when they have strong feelings. Tell us about...**

- how your child communicates what they need?
  - ☐ asks for it
  - ☐ points to it
  - ☐ uses facial expressions
  - ☐ uses gestures
  - ☐ cries/express feelings
  - other:_____
  - other:_____
  - other: _____
- what experiences or activities make your child feel happy and safe?
  - ☐ being with family
  - ☐ predictability
  - ☐ eating foods they love
  - ☐ listening to stories
  - ☐ being outside
  - ☐ singing/dancing
  - ☐ playing
  - ☐ cuddles with loved ones
  - ☐ being creative
  - ☐ watching T.V.
  - ☐ being physically active (e.g. running, jumping, climbing)
  - ☐ art/crafts
  - ☐ other: _____

| | | | |
|---|---|---|---|
| • how do you know when they are scared or anxious? They usually… | ☐ hide/withdraw<br>☐ use a louder voice<br>☐ wants to be close to you<br>☐ get shy<br>☐ bite nails/chew on things | ☐ cry<br>☐ get agitated<br>☐ cover their face/ears/eyes<br>☐ use washroom more frequently | ☐ try to escape/run<br>☐ want to be around a preferred adult<br>☐ get angry<br>☐ other: _____ |
| • how you know when they are hungry or tired? They usually… | ☐ seem grumpy/fussy<br>☐ cry more easily<br>☐ get quiet/withdrawn<br>☐ become “silly” easily<br>☐ want extra attention | ☐ have trouble focusing<br>☐ get frustrated more easily<br>☐ have no energy<br>☐ have extra energy<br>☐ seem a bit clumsy | ☐ ask for/get food<br>☐ find a quiet space<br>☐ want to snuggle/cuddle<br>☐ other: _____ |
| • what strategies you use to soothe them when they are angry, sad, or overwhelmed? | ☐ hugs/snuggles/weighted vest or blanket<br>☐ give them space<br>☐ talk to them<br>☐ use a calm voice<br>☐ take deep breaths together | ☐ sing/dance<br>☐ listen to music<br>☐ do something physical<br>☐ lay with them<br>☐ rock them/bounce on ball<br>☐ draw/colour | ☐ have a snack/drink<br>☐ noise-cancelling headphones<br>☐ jewelry<br>☐ read with them<br>☐ other: _____ |
| **Is there anything else you would like to share about your child or your family? (e.g., elaboration on any topics above, information not yet mentioned)** | | | |

| **Other education partners:** |
|---|
| **Transportation** |

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|---|---|---|
| How will your child get to and from school? | In the morning<br>☐ bus<br>☐ car<br>☐ walk | In the afternoon<br>☐ bus<br>☐ car<br>☐ walk |
| **Before/After School Care** | | |
| Is your child currently registered or on a waiting list for before/after school care at this school? | ◯ Yes ◯ No | |
| If yes, please specify which one? | ☐ OCDSB EDP (Extended Day Program)<br>☐ Third Party Provider<br>☐ a recreation program | |
| When will they attend? | ☐ morning only<br>☐ afternoon only<br>☐ morning and afternoon<br>☐ other (e.g., alternating days, please specify) _____ | |

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|---|---|
| Signature(s) of Parent(s)/ Caregiver(s):<br><br>Date: | Signature of Educator or Principal:<br><br>Date: |