



## Kindergarten Survey

To help us prepare for an enjoyable and successful year, we ask you to help us learn more about your child by completing and returning this survey!

Guardians' Names: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Hebrew Name: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

My Child's Favorite Things:

Favorite Color	_____	Favorite Lunch	_____
Favorite Snack	_____	Favorite Animal	_____
Favorite Game	_____	Favorite Sport	_____

How many people are in your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you believe are your child's strengths and weaknesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child learn best?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Even though Hillel's nurse actively communicates with us, are there any health concerns or other concerns you would like to share with us?

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Does your child have any learning or developmental challenges? Does your child have an existing IEP or 504 plan?

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What is one thing you would like us to know about your family?

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

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What three words would you use to describe what you hope for your child's first week of school at Hillel?

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What is the best phone number to call and time of day for your family to be reached?

Phone# \_\_\_\_\_ Time of Day: \_\_\_\_\_

What are your e-mail addresses?

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What is your preferred method of communication: \_\_\_\_\_

Please return this questionnaire to Hillel Community Day School by August 13<sup>th</sup>!

If you prefer to submit the questionnaire electronically, please e-mail Ms. Donnelly at [ldonnelly@hillelschool.org](mailto:ldonnelly@hillelschool.org) and Mrs. Mory at [rmory@hillelschol.org](mailto:rmory@hillelschol.org). Thank you for your time. We are looking forward to partnering with you and working with your child throughout the year!