

Gary Community School Corporation
High Ability Programs
KINDERGARTEN PARENT QUESTIONNAIRE
2019-2020

We are interested in finding out more about your child's special strengths before he/she enters kindergarten. This will assist us in identifying children who may have different learning styles and may require some special instructional strategies. Please help us by completing the Parent Questionnaire below. Your assistance will help us in planning a more meaningful educational program for your child. ***Your child must be 5 years old before August 1 to participate in High Ability Testing.***

You will receive details concerning the scheduled location, date and time of your child's testing.

Please Print

Child's Name _____ Birthdate _____ Gender _____
 Address _____ Apt # _____ Zip Code _____
 Phone # _____ Emergency Phone # _____ Date _____
 Cell Phone _____ E-Mail _____

Parent Name (Please print.) _____

This child:

	Yes	No	Not Sure
1. learns faster than children of the same age	___	___	___
2. tries to do things on his/her own	___	___	___
3. works or plays at one thing for a long period of time	___	___	___
4. is curious about his/her surroundings	___	___	___
5. has an unusually good memory	___	___	___
6. likes to participate/play with other children	___	___	___
7. tends to be a leader rather than a follower	___	___	___
8. asks a lot of questions about a variety of subjects	___	___	___
9. understands words and ideas that seem too difficult for other children his/her age	___	___	___
10. uses a variety of words when talking	___	___	___
11. likes to have his/her ideas known	___	___	___
12. makes up stories and has ideas that are unique	___	___	___
13. uses clear and complete sentences	___	___	___
14. chooses difficult problems over simple ones	___	___	___
15. has a favorite topic of conversation or a favorite toy	___	___	___
If the answer is yes, please tell what the topic or toy is _____			
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16. has shown unusual interest and talent in music or art	___	___	___
If the answer is yes, please explain _____			
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17. can read	___	___	___
If the answer is yes, please name the child's favorite book(s) _____			
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18. will have difficulty adjusting to kindergarten _____

19. What special lessons, training or learning opportunities does your child have outside of school?

20. What are the family's favorite activities?

21. Every parent sees special things about his/her child that other people miss. Describe your child.

22. What special talents or skills does your child have? Please give examples of this behavior.

23. Please add any comments, which would help us in making kindergarten a positive experience for your child.

Please return this form to:

Ms. Dorothy Trice or Ms. Terri Ransom,
West Side Leadership Academy 900 Gerry Gary, IN 46406.

Refer Questions to:

dtrice@garycsc.k12.in.us (219) 881-5402 or
transom@garycsc.k12.in.us (219) 886-6400 ext. 48335.