

Wayne County Kindergarten Questionnaire



The following questions ask for information that will be used to help schools and agencies in Wayne County to organize resources and develop plans to strengthen our community. Thank you for taking the time to share responses that will help us work together to make our schools and communities vibrant and strong.

Your answers to these questions are confidential. Information about your child will be used only by the school and your child's Kindergarten teacher to plan the best possible program and school experience.

Neither your child's name nor any other identifying information will be shared outside the school. Statistical information will be used by youth-serving organizations in Wayne County to develop services for children and families.

This questionnaire is voluntary. If there are any questions you do not want to answer or that you cannot answer you may leave them blank.

Completing or not completing the survey will not result in any special consideration or consequences for you or your child.

If you have any questions about this questionnaire or the use of the information please contact Jay Roscup at jroscup@flxcommunityschools.org.

Student ID Number (Entered by district): _____

Child's Name: _____

The following questions ask about the **child you are registering for Kindergarten**. If you do not know the answer to a question just leave the answer blank.

1. What is your relationship to the child being enrolled for Kindergarten?
(*Check all that apply*)

Mother or step-mother
 Father or step-father
 Grandparent
 Other _____
 Legal guardian

2. How many times has this child moved in the last five years?

He/she have not moved
 He/she moved once
 He/she moved twice
 He/she moved three times
 He/she moved four or more times

3. **In a typical week**, how many hours does this child spend with his/her family in activities such as going to the library, participating in scouts, organized recreation, sports or school events, counseling, community or church events, family field trips or other activities.

None.
 Less than one(1) hour doing activities with the family
 One(1) or two(2) hours doing activities with the family
 Three(3) or four(4) hours doing activities with the family
 Five(5) or more hours doing activities with the family

Please answer only for the **child entering Kindergarten.**

4. At any point prior to Kindergarten, did your child attend:
(check all that apply)

- He/she has not attended any pre-school program
- He/she stayed with family member or babysitter
- He/she attended a structured Daycare (private)
- He/she attended a Pre-Kindergarten class at a school
- He/she attended a Head Start program
- He/she attended a private or co-op Preschool Program

5. How often does this child travel farther than 20 miles from home?

- Rarely or never
- A few times a year
- A few times a month
- More than once a week

6. The following are specific traumas known as Adverse Childhood Experiences that families commonly encounter. *How many of the following events have happened to or around this child:*

- death of a parent
- parental divorce or separation
- incarceration of a parent
- drug or alcohol abuse
- mental health problems
- domestic violence
- physical neglect
- emotional neglect
- physical abuse
- emotional abuse
- sexual abuse.

*****Please do not
write confidential
details here *****

- Zero
- One
- Two or Three
- Four or more

Please answer only for the **child entering Kindergarten.**

7. How often does the child's family eat any meals together with family conversation?
- Rarely
 - Sometimes
 - Usually
 - Always
8. If your child has a set bedtime, how often does this child go to bed at this time?
- He/she does not have a set bedtime
 - Rarely
 - Sometimes
 - Usually
 - Always
9. How often does this child follow rules at home?
- Rarely
 - Sometimes
 - Usually
 - Always
10. How often is this child read to by an adult?
- He/she rarely or never reads with me or another adult
 - He/she read with me or another adult 3 or less times a week
 - He/she reads with me or another adult 4-6 times a week
 - He/she reads with me or other adults 7 or more times a week
11. When this child gets upset, how often does he/she calm down within 15 minutes **without help**?
- Rarely
 - Sometimes
 - Usually
 - Always

Please answer only for the **child entering Kindergarten.**

12. After periods of exciting activity how often does he/she calm down within 15 minutes **without help**?

- Rarely
- Sometimes
- Usually
- Always

13. Other than your cell phone, do you have access to the internet at home?

- Yes
- No

14. Please put a check mark in front of the devices that your child uses for learning or play at home.

- Desktop Computer
- Laptop Computer
- iPad/Tablet
- Leap Frog
- Cell Phone
- Play Station/X Box/Wii
- Kindle/Nook (e-reader)
- Handheld Nintendo or Play Station device
- Other device

15. In a typical day, how many hours does this child spend at home using the electronic devices listed above?

- None or less than one(1)
- One(1) or two(2) hours a day
- Three(3) or four(4) hours a day
- Five(5) or more hours a day

16. Outside a daycare or pre-school setting, how often does this child play with other children not in his or her family?

- Rarely
- Sometimes
- Usually
- Always

Please answer only for the **child entering Kindergarten.**

17. How well does this child play with other children?
- He/she has not played enough with other children for me to know
 - He/she does not play well with other children
 - He/she sometimes plays well with other children
 - He/she usually plays well with other children
 - He/she always plays well with other children
18. How often does this child independently button and zip clothing on his/her own?
- Rarely
 - Sometimes
 - Usually
 - Always
19. How often does this child move from one activity to another with little difficulty such as play time to meal time?
- Rarely
 - Sometimes
 - Usually
 - Always
20. Can this child focus on an enjoyable activity other than television or other electronic devices for at least fifteen minutes?
- Yes
 - No
 - Sometimes
21. Can this child use words to describe how he/she feels?
("I'm mad, I'm sad, I'm happy")
- Yes
 - No
 - Sometimes

22. What is the highest level of education reached by anyone in the child's household:

- Some school
- GED/HS Diploma
- Some college
- Some Trade/Technical School
- Completed/Trade Technical School
- Completed 2 Year college
- Completed 4 Year college or more

The following questions are requests for information from community partners. Names of participants WILL NOT be shared with community partners; only statistical information will be shared. For example: 45% of respondents reported they have brown shoes.

Literacy Volunteers of Wayne County would like to know:

23. How many books, magazines (print material) are in this child's home?

- There are few or none
- There are books, magazines or other printed material in one or two places in the child's home
- There are printed materials in some rooms
- There are printed materials in almost every room

24. Which best describes your reading habits (not this child's habits):

(Check all that apply)

- I rarely read
- I read for work
- I read for pleasure
- I have some difficulty reading

Cornell Cooperative Extension, Newark Wayne Hospital and the Prevention Agenda Team would like to know:

25. How long was the child entering Kindergarten this fall breastfed?

- He/she was not breast fed (for medical personal or other reason)
- He/she was breastfed for one(1) month or less
- He/she was breastfed for 3 months or less
- He/she was breastfed for 6 months or less
- He/she was breastfed for more than 6 months.
- I don't know

