



**Elwood Community School  
Corporation**

1306 N. Anderson St.  
Elwood, IN 46036  
Phone: (765) 552-9861  
Fax: (765) 552-8088

**Dr. Troy Friedersdorf**  
Superintendent

**Mrs. Heather Anderson**  
Director of Student  
Services

**Mrs. Amanda Brophy**  
Director of Learning

**Mrs. Linda Jones**  
Director of Business

**Request for Early Kindergarten Entrance  
Parent Questionnaire**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian Completing This Form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Please answer each question below. If additional space is needed, write on the back of this form.

**Remember to attach a letter of recommendation from the child's physician, preschool teacher, or other person qualified to judge his or her development and capabilities.**

1. Why do you want your child to be considered for kindergarten early?
  
  
  
  
  
  
  
  
  
  
2. What abilities do you think your child has that qualifies for early entrance?
  
  
  
  
  
  
  
  
  
  
3. What types of play activities does your child usually engage in?

4. About how long will your child persist with a play activity or game?
  
  
  
  
  
  
  
  
  
  
5. What responsibilities does your child have at home? What do you do when your child does not follow through?
  
  
  
  
  
  
  
  
  
  
6. How does your child respond when (s)he tries but can't do something?
  
  
  
  
  
  
  
  
  
  
7. How do you respond when your child tries, but can't do something?
  
  
  
  
  
  
  
  
  
  
8. What types of reading activities is your child engaged in at home?
  
  
  
  
  
  
  
  
  
  
9. What kinds of experiences has your child had with writing implements such as paintbrushes, markers, crayons, and pencils?
  
  
  
  
  
  
  
  
  
  
10. What does your child know about numbers, shapes, and puzzles?
  
  
  
  
  
  
  
  
  
  
11. What does your child do when (s)he needs to use the bathroom? Is your child potty trained?

12. Can your child button, snap and zipper to dress him- or herself?

13. What group experiences has your child had, for example, day care, Head Start or preschool? How often did your child attend? Were there any academic or behavioral concerns?