

**BY Incoming Kindergarten Questionnaire**

Daughter's First and Last Name (as she is called):	
Daughter's Hebrew Name:	
Date of Birth:	
Playgroup/School Presently Attending:	
Allergies or Medical Concerns	

1. What school or structured group experiences has your daughter had?
2. Which 5 words would you choose to describe your daughter?
3. What kinds of activities does your daughter enjoy?
4. How would you describe your daughter's areas of strength?
5. Does your daughter take any medication for any reason? If yes, please list.
6. Does your daughter receive services for Vision/Hearing/Speech/Occupational Therapy?
7. What language(s) besides English spoken at home?
7. Please list anything else you feel it is important for us to know about your daughter.

We can't wait to see you at the end of the summer!