

City School District of Albany  
Albany, NY  
Pre-K and Kindergarten Questionnaire  
**Complete for Pre-K or Kindergarten Students Only**  
(In addition to Student registration Form)

Student's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child attended: Head Start  Day Care Center  Nursery School

Pre-kindergarten: Yes  No  Albany City School Pre-kindergarten? Yes  No

Name of School \_\_\_\_\_

How many days a week did your child attend? 5 days  3 days  Other

Full Day Session  Half-Day Session  Number of Months in Program \_\_\_\_\_

May we contact the school for information? Yes  No

At what age did your child begin to walk? Before 1 year  1 year  After 1 year

At what age did your child begin to talk? Before 1 year  1 year  After 1 year

Can people other than family understand your child's speech? Yes  No

Which hand does your child use more readily? Left  Right  Undetermined

Does your child make friends easily?

All the time  Most of the Time  Sometimes  Seldom

Does your child play well with other children?

All the time  Most of the Time  Sometimes  Seldom

Does your child play with children who usually are younger?

Younger  Same Age  Older

Does your child accept changes in schedule without getting upset?

All the time  Most of the Time  Sometimes  Seldom

Parent or Guardian Signature \_\_\_\_\_