



**International School of Latvia (ISL)
Preschool/Kindergarten Parent Questionnaire**

Dear Parents, in order to help us to get to know your child, we would appreciate your information below:

1. Child's full name: _____

2. Mother's full name: _____

3. Father's full name: _____

4. What are the language(s) spoken at home:

Primary:	Second:	Third:
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5. What are your child's interests and activities at home?

6. Has your child had preschool/daycare or other social group experiences? Yes ___ No ___

7. If "yes" , please include name of the preschool/daycare or social group:

8. What is the language of instruction there? _____

9. How does your child interact with peers? (shy, outgoing, leader, follower ,etc.)

10. How does your child respond to new situations and challenges?

11. How does your child feel about starting Preschool/Kindergarten at ISL?

Please return to the Admissions office at the International School of Latvia

Preschool/Kindergarten Parent Questionnaire Continued

12. Please, describe your child’s emotional development:	Always	Sometimes	Never
Does your child respond appropriately to adult requests?			
Does your child seek out playing with other children?			
Does your child play cooperatively with other children?			

13. Does your child have fears or specific dislikes, what are they?

14. Please, describe your child’s behavior development:	Always	Sometimes	Never
Does your child eat and drink independently?			
Does your child dress himself/herself independently?			
Does your child use the bathroom without help?			

15. Please, describe your child’s fine motor development:	Always	Sometimes	Never
Can your child use a spoon/fork independently?			
Can your child unfasten fasteners independently? (zipper, snaps, buttons)			
Can your child put together simple puzzles independently? (8-12 pieces)			
Can your child manipulate scissors with one hand?			
Can your child hold a pencil/crayon to draw a picture			
Can your child copy simple figures/shapes? (a line, a cross, a circle)			

16. Please, share with us any other information that you feel important.

17. For enrollment planning purposes, please indicate your intention with regard to your child’s education at ISL by checking the appropriate item below:

Intend to enroll through Middle School Intend to enroll through Kindergarten

Intend to enroll through Elementary School Intend to attend for Preschool

Date _____ Signature _____

This form was completed by the child’s mother _____ father _____ other relation _____