

ENR-03
2017 - 2018

Parent Questionnaire (K3-K4, K5)

for Hanalani Schools

Applicant Legal Last Name

Applicant Legal First Name

Grade Apply

Social

Does your child have neighborhood playmates?

No Yes (please specify ages) _____

Is your child a leader or a follower?

In what organized, structured, or group activities has your child participated? (*Gymboree, Sunday school, etc.*)

How does your child get along with other children?

Care & Environment

Who has cared for your child other than you (*day care, Gymboree, older siblings, etc.*)? Please state whether adult or teenagers.

List the members of the household in which the child lives.

Relationship / Age

Relationship / Age

Relationship / Age

Relationship / Age

Relationship / Age

If parents are divorced or separated, explain custodial and visiting arrangements.

Activities

What are your child's favorite activities?

What is your child's favorite TV program or movie?

How many hours per day does your child watch TV/movies?

How many hours per day does your child spend on electronic devices?

How often do you read to your child?



Visit us online at www.hanalani.org
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Development

At how many months did your child...

Sit up alone? _____ Walk alone? _____ Speak his/her first sentences and phrases? _____

Is your child potty-trained?

Yes No In progress

You would consider your child:

Very Active Active Inactive

Was your child's rate of growth normal?

Yes No (please explain) _____

Does your child exhibit any of these common childhood behaviors? (*check all that apply*)

Thumbsucking Bedwetting Strong Fears Sleeplessness Temper Tantrums Nervousness Nightmares

Other _____

Applicant Abilities

Which of the following tasks can your child perform without assistance? (*check all that apply*)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Speaking in sentences | <input type="checkbox"/> Drawing recognizable pictures | <input type="checkbox"/> Washing & drying hands | <input type="checkbox"/> Trying to color within the lines |
| <input type="checkbox"/> Dressing & undressing | <input type="checkbox"/> Using scissors to cut paper | <input type="checkbox"/> Buttoning clothing | <input type="checkbox"/> Assembling age-appropriate puzzles |
| <input type="checkbox"/> Listening to books read | <input type="checkbox"/> Totally caring for toileting needs | <input type="checkbox"/> Riding a tricycle | <input type="checkbox"/> Trying to read books from memory |
| <input type="checkbox"/> Attempting to solve problems | <input type="checkbox"/> Continuing tasks until complete | <input type="checkbox"/> Accepting limits set by adults | |

What is your child's usual bed time?

When spoken to, does your child listen?

Usually Sometimes Rarely

What discipline is most effective?

Parent Involvement

What activities have you done to prepare your child for school?

What would you like to tell us to help us better know your child?

