

2025-26 Kindergarten Screener

Parent Questions:

Child's Name: _____ DOB: _____ M F

Did your child attend Pre-K?	Y N Which one?
Did your child attend Head Start?	Y N
Special programs? Speech OT Babies Can't Wait Other	
Any siblings in FCS?	Y N
Computer at home?	Y N
Access to internet	Y N
How does your child feel about starting kindergarten?	
Is there anything special you'd like us to know?	