

Sacramento Valley Charter Transitional Kindergarten Family and Interests Survey

Today's Date: _____ / _____ / _____
Month Day Year

CHILD'S NAME (first, middle, last): _____

Gender: Boy Girl Child's Date of Birth: _____ / _____ / _____
Month Day Year

1. Do you have children that attend Sacramento Valley Charter School? _____
2. How many family members live with you and child? _____
3. Who is the primary caregiver of your child? _____
4. What language does the primary caregiver speak most often with child? _____
5. What language did your child learn when he or she first began to talk? _____
6. *Can you tell me what language(s) is spoken in your household?*

	Only English	Mostly English, some other language (identify)	Mostly other language (identify), some English	Only other language (identify)
Mother (or you)				
Father (or you)				
Older siblings				
Grandmother				
Grandfather				
Aunt/Uncle				

7. What special talents or interests does your child have? _____

8. Who does your child play with most often? _____

9. What are your aspirations for your child? _____

10. What are your expectations for the Transitional Kindergarten year? _____

11. Do you have any hobbies or interests that you would like to share with your child's class? _____

12. Would you be interested in volunteering in your child's class? _____
 If yes, preferred day and time _____

Sacramento Valley Charter Transition Kindergarten Interest Survey

Transition Kindergarten is a program designed to allow students who do not meet the age requirement for kindergarten to attend school. Transitional kindergarten is a two year program for students who will attend kindergarten the following year. Please complete our interest survey.

1. Do you have a child that will be 5 after September 2? If so, what is the birth month?

_____ November 2 and December

_____ October 2 and December

_____ September 2 and December

2. What is your interest in a program for your child?

_____ Half Day 8:30 – 12:00pm

_____ Full Day 8:30 – 3:00pm

3. Will your child need transportation?

_____ Yes _____ No

4. Do you know other parents who have a child at home that will be 5 between September and December?

_____ Yes _____ No

5. Would you tell others parents about our program?

_____ Yes _____ No

6. Would you like to be trained to become a parent volunteer?

_____ Yes _____ No

7. Would you like to receive more information about the program?

_____ Yes _____ No

Name _____

Telephone Number _____

Thank you for your time and input. Please return this survey to:
SVCS Office Personnel by Tuesday, February 7, 2017