

## Welcome to Kindergarten Conversation Starters

Please help us get to know your child and your family by thinking about the following:

Child's Name	
General Development	<p>Please share information about:</p> <ul style="list-style-type: none"> <li>• Your child's early learning experiences: Example: name of preschool, childcare, StrongStart, playgroups, dance/ sports, and any other programs they have attended.</li> <li>• Your child's overall health including any medical conditions that may affect learning.</li> </ul>
Physical Development	<ul style="list-style-type: none"> <li>• How would you describe your child's ability to move when walking, running, jumping, and climbing?</li> <li>• How would you describe your child's ability to use their hands for tasks like cutting with scissors, drawing, painting, etc.?</li> <li>• Is your child independent using the toilet?</li> <li>• Is your child able to dress independently (e.g. Put on own shoes and coat)?</li> </ul>
Language Development	<ul style="list-style-type: none"> <li>• What are some things your child likes to talk about?</li> <li>• What are some of your child's favourite books?</li> <li>• How would you describe your child's ability to follow directions?</li> </ul>
Social-Emotional Development	<ul style="list-style-type: none"> <li>• Describe your child's personality.</li> <li>• Are there situations, places, or times (ex. loud noises, bright lights, crowds of people, etc.) when your child becomes upset, anxious, or excited? How do they react? What helps?</li> </ul>
Favourite Activities (take out activities?)	<ul style="list-style-type: none"> <li>• What are favourite activities your child likes to do?</li> </ul>