

Parent Observation Guidelines for Kindergarten Programs

What happens when my child starts Kindergarten?

Name of Program:		
Date:Time:		
Name of Teacher:		
Location:		
Name of administrator:		
THE LEARNING ENVIRONMENT		
Activities I saw included:		
☐ fine motor activities	☐ art activities	
☐ circle time (group activities and songs)		
☐ gross motor activities	☐ academics: literacy, math, science	
Comments:		
PROGRAM AND ACTIVITIES There is a daily schedule The activities I see are appropriate for my child There are opportunities to learn and play with non-disabled peers Children are allowed to make choices YesNo		
Comments:		
FAMILY ACTIVITIES		
Parents may volunteer in the class	YesNo	
There is a system for home/school communica	tionYesNo	
The teacher communicates with parents using:	;	
Notebooks	YesNo	
Email	YesNo	
Phone callsYes		
Parent conferences	YesNo	



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FAMILY ACTIVITIES (continued) Comments: Ouestions: PROGRAM STAFF Program staff are knowledgeable of the special needs Yes No of children with disabilities I am comfortable with the number of staff and the Yes No number of children in the class. The staff are sensitive to the cultural needs of the children Yes No ___Yes ___No Are there aides working in the classroom? Do volunteers help in the class room? ___Yes ___No Comments: **Questions for Follow Up:**