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On line survey website is <https://www.surveymonkey.com/r/58S6WV8>

**COUNTDOWN TO KINDERGARTEN**

**PRE PARENT SURVEY**

One adult per child needs to complete this survey before Countdown to Kindergarten visits begin. The parent, grandparent, or other caregiver who will be the most involved with the child’s Countdown experience should be the one to complete both this survey and the post survey, which will be completed after the Countdown visits are finished.

The first two questions will help us link your survey answers to other information you provided on other Countdown forms. All information is confidential and kept in a locked file that is password protected.

1. **On the line below, please print the last name of the first adult who signed the data consent form of the Countdown program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **On the line below, please print the first name of the first adult who signed the data consent form of the Countdown program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **In which South Carolina county is the school associated with your Countdown to Kindergarten program?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please print the name of the SCHOOL where your child will attend kindergarten (for example, Clearwater Elementary School).**
2. **How would you describe your current knowledge of kindergarten expectations at your child’s school?**

**\_\_\_\_\_I know VERY LITTLE about what will be expected of me and my child for kindergarten.**

**\_\_\_\_\_I know SOME of what will be expected of me and my child for kindergarten.**

**\_\_\_\_\_I have a GOOD UNDERSTANDING of what will be expected of me and my child for kindergarten.**

1. **How would you describe your child’s feelings about beginning kindergarten?**

**\_\_\_\_\_He/she is NERVOUS and/or does not want to begin kindergarten.**

**\_\_\_\_\_ He/she has NOT DISCUSSED beginning kindergarten.**

**\_\_\_\_\_ He/she is somewhat EXCITED, BUT A LITTLE ANXIOUS about beginning kindergarten.**

**\_\_\_\_\_ He/she is VERY EXCITED about beginning kindergarten.**

1. **How would you describe YOUR relationship with your child’s future kindergarten teacher?**

**\_\_\_\_\_I DO NOT KNOW my child’s kindergarten teacher.**

**\_\_\_\_\_ My child’s kindergarten teacher is someone I KNOW A LITTLE BIT.**

**\_\_\_\_\_ I know my child’s kindergarten teacher, but I DO NOT LIKE OR TRUST him/her.**

**\_\_\_\_\_ My child’s kindergarten teacher is someone I KNOW, LIKE, AND TRUST.**

1. **How would you describe YOUR CHILD’S relationship with his/her future kindergarten teacher?**

**\_\_\_\_\_My child DOES NOT KNOW his/her kindergarten teacher.**

**\_\_\_\_\_ My child’s kindergarten teacher is someone he/she KNOWS A LITTLE BIT.**

**\_\_\_\_\_ My child knows the kindergarten teacher but DOES NOT LIKE OR TRUST him/her.**

**\_\_\_\_\_ My child’s kindergarten teacher is someone my child KNOWS, LIKES, AND TRUSTS.**

1. **How likely do you think you will actively participate in supporting your child’s classroom teacher as a volunteer and/or by attending meetings?**

**\_\_\_\_\_It is UNLIKELY I will regularly participate.**

**\_\_\_\_\_ I am NOT YET SURE if I will participate.**

**\_\_\_\_\_ It is LIKELY I will regularly participate.**

1. **How often is your child read books aloud at home?**

**\_\_\_\_\_Every day for at least 15 minutes**

**\_\_\_\_\_ Every day for fewer than 15 minutes**

**\_\_\_\_\_ Almost everyday**

**\_\_\_\_\_A few times a week**

**\_\_\_\_\_ Once a week**

**\_\_\_\_\_ Less often than once a week**

**\_\_\_\_\_Never**

1. **Which of the following activities do you plan to be involved in at your child’s school? Please check ALL that apply.**

**\_\_\_\_\_Parent-teacher conferences**

**\_\_\_\_\_ PTO meetings**

**\_\_\_\_\_ Volunteer in the classroom**

**\_\_\_\_\_Volunteer for field trips**

**\_\_\_\_\_ None**

**\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you very much! Your feedback is important to us.**