

Kindergarten Student Interview Questions

TEACHER NAME: _____

- **Adults/Teachers:** Circle or fill in the blank for the Kindergartner. Please add any interesting information that may give us more insight to who the kindergarten student is.

Print student first and last name: First _____ Last _____ **boy or girl**

Age: _____ **Name of a good friend:** _____

Favorite color: red orange yellow green blue purple pink other: _____

Favorite animal: _____

Favorite season: winter spring summer fall

Favorite dinner to eat: _____ **Favorite dessert:** _____

Favorite playground equipment: swings slide monkey bars basketball other: _____

Favorite in-school activity: _____

Favorite family activity/vacation: _____

Favorite TV show or movie: _____

Favorite Toys: _____

Favorite Sport/Hobby: _____

Physical Features of the child:

Eye color: blue / brown / green / hazel

Wear glasses? Yes No

Hair color: strawberry blonde / blonde / brown / black

Freckles? Yes No

Missing teeth: 1 2 3 4 5 6

Birth Month: Jan. Feb. Mar. April May June July Aug. Sept. Oct. Nov. Dec.

Family Members: Mom Dad Guardian: _____

Older brother(s) Name(s): _____

Younger brother(s) Name(s): _____

Older sister(s) Name(s): _____

Younger sister(s) Name(s): _____

Pet(s) at home: _____