

Student Information

The information requested is helpful to the kindergarten team in order to best prepare for your child's arrival and experience in kindergarten.

Student Name: _____ DOB: _____

NICKNAME: _____ ALLERGIES: _____

What would you say are your child's strengths? _____

What would you say are your child's weaknesses? _____

Is he/she able to separate easily from the parent? _____

Does he/she have any fears? _____ If so what? _____

Has your child attended pre-school? _____ If so, which one? _____

For how long? _____ How many days a week? _____

Does your child play quietly or actively? _____

With whom does your child play? Alone _____, with other children _____, "with younger children _____, with older children _____, "with boys" _____, with girls _____.

Would you say your child is a leader or a follower? _____

What activities does your child enjoy outdoors? _____

What activities does your child enjoy indoors? _____

How does your child handle conflict and/or change? _____

Does your child recognize letters? "Few" "some" "many" "all" (None)

Does your child recognize numbers? "Few" "some" "many" "all" (None)

Is your child right, left handed or undecided? _____

(Optional) Is there a family history of learning or specific reading disabilities? If so, please describe:

What haven't we asked you about your child or family situation that you want us to know? (i.e., early intervention support, relevant changes in family structure, etc.) _____

PARENT SIGNATURE: _____