

## KINDERGARTEN CHILD INFORMATION

Name of child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of parent: \_\_\_\_\_

*We would like your child to receive the most benefit from his or her Kindergarten experience. To help us get better acquainted with your child, we would appreciate your completion of this form. Thank you!*

1. Does your child have a nickname?  Yes  No  
If so, what is it? \_\_\_\_\_

2. Can your child...		
■ Wash and dry his or her own hands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Dress with little or no assistance? If no, please list types of clothing that he/she has difficulty with.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Stay with a babysitter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Speak so that he/she can be understood by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Express his/her thoughts and needs easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is your child...		
■ Highly active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Very quiet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Getting a good night's rest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Toilet trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ In need of help with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your child...		
■ Play with blocks, boxes, or other construction toys without help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Use crayons and/or markers to scribble or draw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Listen to stories being read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Turn the pages of a book and look at pictures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Recall stories or events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Enjoy playing alone or with imaginary friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Talk with your friends/relatives who come to visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Follow simple, age-appropriate directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Have opportunities to play with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Sit very close to the television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Turn up the volume very high when watching television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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5. What are your child's favorite activities and play materials? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What are your child's favorite art materials? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. How many hours a day does your child spend watching television? \_\_\_\_\_
8. Does your child have any activity that he/she feels particularly successful at? \_\_\_\_\_  
 \_\_\_\_\_
9. Does your child have any activity that he/she feels particularly frustrated by? \_\_\_\_\_  
 \_\_\_\_\_
10. Can your child read? \_\_\_\_\_ words? \_\_\_\_\_ sentences? \_\_\_\_\_ simple stories? \_\_\_\_\_
11. What is his/her favorite story? \_\_\_\_\_
12. Is your child right or left handed? \_\_\_\_\_
13. Does your child wear glasses or a hearing aid? \_\_\_\_\_
14. What is the first language your child learned at home? \_\_\_\_\_
15. What languages other than English are spoken in the home? \_\_\_\_\_
16. What is his/her parental status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
 Remarried \_\_\_\_\_ Guardian \_\_\_\_\_
17. Please list your child's ethnic code (for state reports): W- White \_\_\_\_\_ B-Black \_\_\_\_\_  
 H-Hispanic \_\_\_\_\_ A-Asian-Pacific Islander \_\_\_\_\_ O-Other \_\_\_\_\_
18. Please list the name of the preschool your child attended: \_\_\_\_\_
19. What are your goals for your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Are there any other things you would like to tell us about your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
*Name Relationship to child*