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

☞ OVER

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? ____
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____
____
20. Are there any other things you would like to tell us about your child? _______________
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____
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____
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Completed by ____ Date ______________
Name *Relationship to child*