

KINDERGARTEN STUDENT INFORMATION

This information will be shared with your child's kindergarten teacher. The information will assist the teacher in planning an educational program and in getting to better know your child. If you need additional space, please feel free to attach a separate page. *Please return the completed form to your student's school.*

How do you want your child's name learned and spelled? _____

What three adjectives would best describe your child 1. _____ 2. _____ 3. _____

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| What are your child's strengths? |
| What motivates your child? |
| What are some of your child's special interests, hobbies, and talents? |
| Any other information you would like to share with us about your child: |

Past Educational Status

Has your child had any previous school experience? Yes No If yes, please fill in the chart below

| Type | Name | How Many Hours and/or Days a Week Attended | Dates Attended |
|--------------------|------|--|----------------|
| Preschool | | | |
| Daycare/Head Start | | | |
| Other | | | |

| |
|---|
| Share any input from your child's preschool teacher about readiness for kindergarten |
| Based upon your knowledge of your child, how do you feel about his/her readiness for kindergarten? |
| Describe any concerns regarding your child's past educational experience: |

Description of Child: For each statement, X the one that best describes your child.

| | Normal | Some Concern | Great Concern | Comments |
|--|---------------|---------------------|----------------------|-----------------|
| Is active: | | | | |
| Tires easily: | | | | |
| Plays with other children: | | | | |
| Spends time playing alone: | | | | |
| Complies with parent wishes: | | | | |
| Gets along with other children: | | | | |
| Gets along with adults: | | | | |
| Expresses self orally: | | | | |
| Speech is understandable to others: | | | | |
| Accepts changes in routine: | | | | |
| Demands much individual attention: | | | | |
| Has to be disciplined often: | | | | |
| Experiences confusion in following simple directions: | | | | |
| Experiences difficulty in remembering things: | | | | |
| Gives up easily: | | | | |
| Cries easily: | | | | |
| Is cooperative: | | | | |
| Fights with other children: | | | | |
| Understands relationship between his/her behavior and its consequences: | | | | |
| Has temper tantrums: | | | | |