

KINDERGARTEN INFORMATION SHEET

Child's Name _____ Birthdate _____ Sex _____

Parent's Name _____ Phone # _____

Name to be used on child's nametags at school _____

Previous school or group experiences _____

HEALTH INFORMATION

Birth Weight _____ Premature? _____

Was there anything unusual about your pregnancy or the birth of your child? _____
If yes, please explain :

Did your child require any special medical care or hospitalizations during the first year? _____
If yes, please explain :

Please indicate any past or current medical or health concerns of which we should be aware (i.e.: allergies, asthma,)

Does your child take any medication on a regular basis? _____ If yes, please explain:

Does your child experience any of the following problems frequently? (Please circle)

Ear infections

Difficulty going to sleep

Difficulty in hearing/seeing

Nightmare or other sleep difficulties

Which hand does your child prefer to use?

____ Left

____ Right

Please describe your child briefly :

What are your child's strengths ?

My child has had an opportunity to play with other children ____ very frequently

____ sometimes

____ seldom

At this age, children are still learning to play cooperatively. Please tell about your child and how he/she plays.

What does your child like to do best at home ?

How easily does your child separate from you?

What situations might frustrate your child? In what ways does he/she respond to frustration?

Does your child have any special fears or has he/she had any significant traumatic experiences? Please explain :

For what is your child most often disciplined? What is the most effective method of disciplining your child?

Describe any additional behaviors that are of concern to you :

**Have there been any changes in your family situation recently (i.e. : illness, change in family structure, move, etc)? _____
Have you noticed any reaction in your child? _____ Please explain.**

In what ways do you anticipate that your child will react to school routines and expectations? Do you foresee any areas of concern (i.e. : occasional tantrums, anxiety, extreme shyness, restlessness, etc.)?

What else would you like your child's teacher to know about your child?

CHILD DEVELOPMENT CHART

PLEASE READ THROUGH THE ITEMS ON THIS CHART AND CHECK THE ITEMS THAT YOUR CHILD DOES ON A ROUTINE BASIS

SOCIAL

- Follows simple game rules in board games or card games
- Protective toward younger children
- Plays cooperatively with minimum conflict and supervision
- Gives directions to other children
- Plays a role in "pretend" games -- mom-dad, teacher, space pilot
- Plays with other children -- cars, dolls, building
- "Helps" with simple household tasks

FINE MOTOR

- Prints first name
- Draws a person that has at least three parts
- Draws or copies a complete circle
- Cuts with small scissors
- Draws or copies vertical lines

SELF-HELP

- Goes to the toilet without help
- Dresses and undresses without help, except for tying shoelaces
- Puts toys away neatly when asked
- Eats independently with little or no prompting
- Washes and dries hands independently

GROSS MOTOR

- Hops on one foot, without support
- Rides bicycle or tricycle, using pedals
- Walks up and down stairs, one foot per step
- Stands on one foot without support
- Climbs on play equipment -- ladders, slides
- Kicks a ball forward

LANGUAGE

- Can tell meaning of familiar words
- Recognizes a few letters
- Recognizes a few shapes
- Follows a series of three simple directions
- Understands concepts of size (large/small)
- Counts five or more objects when asked "How many"
- Identifies four colors correctly
- Combines sentences with the words "and", "or", or "but"
- Understands some prepositions (i.e. in, on, under, beside)
- Talks clearly and is understandable most of the time
- Responds relevantly to simple questions
- Talks in two-three word phrases or sentences