

**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.

Full Legal Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

How do you want your child’s name learned and spelled? \_\_\_\_\_

Primary Address \_\_\_\_\_

**Mother’s/Guardian’s Information:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary Email Address \_\_\_\_\_

**Father’s/Guardian’s Information:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary Email Address \_\_\_\_\_

**Names of Siblings in the family (oldest first):**

Name	Date of Birth/Age	Grade/School	Living at Home?

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

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: \_\_\_\_\_

**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:				

**Past Educational Status**

1. 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			

2. Share any input from your child's preschool teacher about readiness for kindergarten. \_\_\_\_\_

\_\_\_\_\_

3. Based upon your knowledge of your child, how do you feel about his/her readiness for kindergarten? \_\_\_\_\_

\_\_\_\_\_

4. Describe any concerns regarding your child's past educational experience. \_\_\_\_\_

\_\_\_\_\_