

DEER CANYON ELEMENTARY SCHOOL
Kindergarten Information

Dear Parent/Guardian of an Entering Kindergartener:

This form is designed to permit you to share some information about your child with the Kindergarten teachers that will help us to plan the best educational program for each individual student.

Family Background

Child's Name: _____ Nickname: _____

Male: ___ Female: ___ Birth date: ___ / ___ / ___ Home Phone: _____
Month Day Year

Address: _____ Apt No: _____ City & Zip: _____

Mother/Guardian: _____ E-mail: _____

Occupation: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Father/Guardian: _____ E-mail: _____

Occupation: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Other family members/age/relationship: _____

Languages Spoken by Family Members at Home: _____

Day Care Provider: _____ Phone: _____

My Child Will: Be picked up ___ By: _____ Car Pool ___ Attend ESS ___

1. Has your child had preschool or play-group experiences? Please give the name of the school and number of years attended: _____
2. Does your child have any difficulties with speech? _____
3. Does your child have any health problems or allergies? _____
4. Does your child have any special interests? _____
5. Is your child afraid of anything? _____
6. What responsibilities does your child have at home? _____
7. What form of discipline do you use at home? _____
8. My child is: right handed: _____ left handed: _____

9. What skills has your child acquired? (Please check)

_____ Knows address

_____ Can recognize numbers to 12

_____ Knows phone number

_____ Recognizes capital letters

_____ Knows birth date

_____ Recognizes lowercase letters

_____ Can say full name

_____ Recognizes letter sounds

_____ Can print full name

_____ Likes to listen to stories

_____ Counts to ... (how far?)

_____ Has experience with crayons

_____ Knows the names of colors

_____ Has experience with scissors

10. How would you rate the maturity of your child?

_____ Very mature

_____ Age-appropriate

_____ Immature

11. If your child is reading, how did he/she learn, and how long has he/she been reading?

12. What are your expectations for the kindergarten program? What specific things would you like to see happen this year? _____

13. Would you be interested in helping in the classroom? Is there a particular day and time that is best for you? _____

14. Is there anything else that you would like to tell us about your child? _____

15. What do you feel are your child's strengths/weaknesses? _____
