

Has there been a divorce, death, or illness in the family that may affect your child? (Circle the appropriate one)

Does your child have any fears that we should be aware of? _____

Does your child play quietly or actively? _____

If your child were moving from one activity to another, would your child need: (choose one)

No adult support _____ Some adult support _____ Much adult support _____

What activities do you and your child do together? _____

Describe your child's disposition/personality e.g., follower, leader, etc. _____

How do you handle discipline problems at home? _____

Do you celebrate holidays/birthdays in your home? _____ If "no", please explain _____

Does your child have any health/physical problems the school should be aware of? _____ Please specify: _____

Does your child take any medication on a regular basis? _____ Please explain. Medication _____

Dosage _____ Time _____

Does your child have any food allergies? _____ Please specify: _____

Has your child attended Preschool? _____ For how long? _____

Which Preschool? _____

If your child received a report card or evaluation from his/her preschool teacher, please attach a copy.

Would you be able to support your child in any of the following ways?

_____ Work in the classroom regularly: _____ weekly _____ bi-weekly _____ monthly

_____ Accompany the class on a field trip.

_____ Be a room parent.

_____ Help with classroom parties.

_____ Prepare work for the classroom at home.

_____ Share a special talent with the class.

I prefer the following placement for my child:

_____ PEPP _____ Regular Kindergarten

Name of person filling out the form _____ g home 09-09

Thank you from the Garden Road Elementary School Kindergarten/PEPP teachers.