

HIGHLAND RANCH ELEMENTARY SCHOOL

14840 Waverly Downs Way

San Diego, CA 92128

(858) 674-4707

Dear Parents of an Entering Kindergartner:

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

This form is not designed for parents to indicate their teacher preference.

FAMILY BACKGROUND

Child's Name _____ Name to be used in School _____

Male _____ Female _____ Birthday _____ Home Phone Number _____
month-day-year

Address _____ Apt.No. _____ City & Zip _____

Mother's Name _____ Occupation _____ Work Phone _____

Father's Name _____ Occupation _____ Work Phone _____

Other Children in Family _____ Age _____ Grade Level in School _____

Day Care Provider _____ Phone _____

My child will: Ride Bus _____ Walk _____ Car Pool _____ Be Picked Up _____ 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)

- | | |
|--|---|
| <input type="checkbox"/> Knows address | <input type="checkbox"/> Can recognize numbers to 12 |
| <input type="checkbox"/> Knows phone number | <input type="checkbox"/> Recognizes capital letters |
| <input type="checkbox"/> Knows birthday | <input type="checkbox"/> Recognizes lowercase letters |
| <input type="checkbox"/> Can say full name | <input type="checkbox"/> Recognizes letter sounds |
| <input type="checkbox"/> Can print full name | <input type="checkbox"/> Likes to listen to stories |
| <input type="checkbox"/> Counts to...(how far) | <input type="checkbox"/> Has experience with crayons |
| <input type="checkbox"/> Knows the names of colors | <input type="checkbox"/> Has experience with scissors |

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

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

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

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

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

15. Would you have any objections to your child being placed in a K/1 combo class, in the event that one is formed? Yes _____ No _____