



Garden Road Elementary

Kindergarten & Transitional Kindergarten Information

Child's Full Name: _____

Name your child will be called in school: _____

Parent's Name(s): _____

Best Phone Numbers to call: _____

Parent's Email(s): _____

Child's Birthday: _____

Language(s) Spoken at Home: _____

1. What are your child's strengths? _____

2. How does your child interact with other children? (Does your child share, take turns, and cooperate with peers?)

3. How does your child handle transitions and new situations?

(Fill out back side)

4. Do you have any concerns about your child's transition into the new school year? Is there anything else we should know about your child? (ex. allergies, medical conditions, behavioral concerns)

5. Has your child attended the following:

_____ Home Daycare

_____ Daycare Center _____
(Name of center)

_____ Preschool _____
(Name of preschool)

_____ Transitional Kindergarten _____
(Name of school)

6. Will your child be attending ESS? _____

7. Are you available to volunteer in the school? _____

Please check any of the following behaviors which describe your child:

_____ Flexible _____ Outgoing _____ Consistently Short Attention Span

_____ Cooperative _____ Temper Tantrums _____ Follows 2-Step Directions

_____ Lacks Motivation _____ Overactive _____ Has Good Self-Control

_____ Musical _____ Artistic _____ Can Be Aggressive Towards Others

_____ Shy or Withdrawn _____ Transitions Well _____ Participates in Outside Activities

(e.g. Soccer, Karate, Gymnastics)