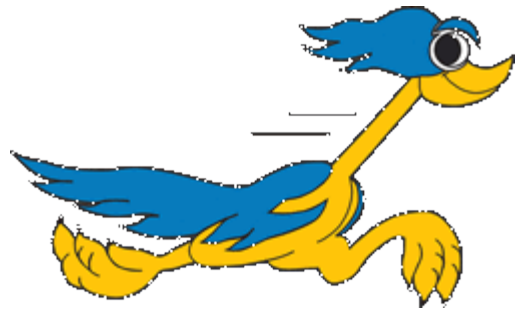


WESTWOOD ELEMENTARY SCHOOL
POWAY UNIFIED SCHOOL DISTRICT



Dear parent(s) of an entering Transitional Kindergartner or Kindergartner:

This form is designed for you to share with your student's teacher some information about your child that will help us plan the best educational program for each individual child this coming year. This form is **not** designed for parents to indicate their teacher preference.

Child's Name: _____ Nickname: _____

Male ___ Female ___ Birthday _____ Primary Phone Number _____

My Child is: Right handed ___ Left handed ___

My child will:

Walk ___ Be dropped off/picked up ___ Car pool ___ ESS ___ Take the bus ___

Other children in the family _____ Age _____ Grade level in School _____

My child speaks/understands these languages: _____

Has your child had preschool or play-group experiences? Please give the name of the school and number of years attended.

Does your child have any difficulties with speech?

Does your child have any health problems, allergies, or medication requirements*?

*please note all medications need to be authorized by their doctor and held in the schools health office

Does your child have any special interests?

Is your child afraid of anything? _____

What responsibilities does your child have at home?

What skills has your child acquired? (Please check all that apply)

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

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

What do you feel are your child's strength/weaknesses?

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

Parent Signature: _____

Date: _____

Thank you and welcome to Westwood Elementary School!