

Inspire Learning. Unlock Potential. Empower Achievement.

LINN-MAR KINDERGARTEN INFORMATION FORM

The following questions are designed to provide information that will enable us to understand your child and meet his/her needs. Please fill out and return it to the building by February 15, 2019. Thank you!

| Child's name: Child's preferred name: | | | | | |
|---|------------------------------------|-----------------|-----------|-----------|----|
| Birthdate: Sc | _ School: Today's date: | | | | |
| Name(s) of parent(s) or guardian(s): | | | | | |
| | Social Readiness for S | chool | | | |
| *Has your child had preschool experienc | e outside the home? YES or | NO | | | |
| If so, how many years? | If so, where? | | | | |
| *Has your child had daycare experience | outside the home? YES or N | NO If so, how m | any years | s? | |
| *Is this your oldest child? YES | NO | | | | |
| | | | YES | SOMETIMES | NO |
| Is your child afraid of new situations an | d environments? (Does your chi | ld cry easily?) | | | |
| Is your child able to play nicely and have | e conversations with children in 1 | new situations? | | | |
| Does your child have difficulty sharing, social situation)? | | | | | |

 Is your child able to accept and follow directions from other adults?

 Does your child easily accept "no" for an answer and demonstrate self-control?

 Is your child able to transition to new activities?

 Is your child able to separate from you?

*In what circumstances is your child unable to separate from you?

Academic Readiness for School

*

*

| | YES | NOT YET |
|--|-----|---------|
| Does your child know his/her whole name? | | |
| Does your child know your name? | | |
| Does your child know his/her phone number? | | |
| Does your child know his/her address? | | |
| Can your child write his/her first name? | | |
| Does your child recognize some of the letters of the alphabet, especially those in his/her name? | | |
| Does your child recognize some of the numbers 1 through 10? | | |

| | YES | SOMETIMES | NOT YET |
|---|-----|-----------|---------|
| Can your child sit attentively with hands to himself/herself and listen attentively | | | |
| during group activities? (this does not including T.V., video games, etc.) | | | |
| Is your child able to recognize his/her name in print form? | | | |
| Can your child work independently with little or no frustrations? | | | |

*Do you read to your child every day? YES NO

Motor Skill Readiness for School

*Does your child regularly use the following?

| | YES | NO | | YES | NO | | YES | NO |
|---------|-----|----|----------|-----|----|---------------|-----|----|
| Crayons | | | Scissors | | | Paints | | |
| Puppets | | | Library | | | Play Dough | | |
| Puzzles | | | Blocks | | | Finger Paints | | |

List others: _____

| | YES | NOT YET |
|---|-----|---------|
| Does your child take a nap? | | |
| Can your child independently dress himself/herself? | | |
| Can your child independently zip his/her coat? | | |
| Can your child independently tie his/her shoes? | | |
| Can your child independently wash his or her hands? | | |
| Can your child independently go to the bathroom? | | |
| Can your child independently brush his/her teeth? | | |
| Can your child independently use a Kleenex when needed? | | |
| Can your child skip? | | |
| Can your child jump rope? | | |
| Can your child catch a ball? | | |
| Can you child bounce a ball? | | |

*How many hours at night does your child sleep? _____

*What else do you want us to know about your child?_____

Thank you for the thorough and honest answers!