

Kindergarten Only

Please help us get to know your child by filling out the bottom portion of this form and adding any additional comments **on the back**. Remember to include this information with your child's registration packet and return to the office.

Your child is growing and changing everyday and may not demonstrate competency in all skill areas!

Please rate your child using a 1 through 5 scale:

1=rarely	2=occasionally	3=sometimes	4=most of the time	5=consistently
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|--|---|
| <input type="checkbox"/> Sits quietly while listening to a short story | <input type="checkbox"/> Is an eager learner |
| <input type="checkbox"/> Uses appropriate bathroom skills | <input type="checkbox"/> Asks many questions |
| <input type="checkbox"/> Has an extensive vocabulary | <input type="checkbox"/> Recognizes first name in writing |
| <input type="checkbox"/> Can verbalize first and last name | <input type="checkbox"/> Can dress themselves |
| <input type="checkbox"/> Can complete a two-step simple direction | <input type="checkbox"/> Can name the eight basic colors |
| <input type="checkbox"/> Can engage in a socially appropriate conversation | |
| <input type="checkbox"/> Shows an interest in paper/pencil activities | <input type="checkbox"/> Eagerly gives opinion |
| <input type="checkbox"/> Has had experience singing the alphabet song | <input type="checkbox"/> Can count 10 objects |
| <input type="checkbox"/> Can count 1 to 20 orally | <input type="checkbox"/> Knows most upper case letters |
| <input type="checkbox"/> Knows some letter sounds | <input type="checkbox"/> Knows many lower case letters |
| <input type="checkbox"/> Is learning to take responsibility for own belongings (coat, school bag, etc.) | |
| <input type="checkbox"/> Has been encouraged and tries to grip crayon correctly | |
| <input type="checkbox"/> Has had frequent experience cutting with scissors and holding scissors correctly with scissor thumb oriented up | |
| <input type="checkbox"/> Tries to write first name using lower case letters with a capital at the beginning | |
| <input type="checkbox"/> Verbalizes or tries to verbalize frustrations and problems rather than physically acting out | |

Child's Name

Parent Name

Phone Number

Birthdate

Today's Date

Home Address

Mailing Address

Feel free to add comments on the back of this page

