

# Kindergarten Round UP

Please answer the following questions as accurately and completely as possible.

Full Name:	Nickname:
Date of Birth:	Sex (Circle One): M      F

## CHILD'S SCHOOL HISTORY

*(Includes preschools, day care, nursery school, etc.)*

Has your child attended school before? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please name the school:
Dates of Attendance: From _____ to _____	How many days per week? (Circle One) 1      2      3      4      5

## SIBLINGS

How many children are in your family?	Please list their ages. _____
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## CHILD'S HEALTH HISTORY

1. Has your child had any health problems? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please explain:
2. Does your child take medication on a regular basis? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please explain:
3. Does your child have any disability or limitation that would affect school activities? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please explain:
4. Are you aware of any hearing, speech, or vision difficulties? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please explain:
5. Is your child having eating problems? <input type="checkbox"/> yes <input type="checkbox"/> no	6. Is your child having sleeping problems? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever considered your child to be overly active? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please explain:

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## CHILD'S DEVELOPMENT

Please check all that apply: My child is able to: <ul style="list-style-type: none"> <li><input type="checkbox"/> dress him/herself</li> <li><input type="checkbox"/> stay with a baby-sitter without a fuss</li> <li><input type="checkbox"/> zip</li> <li><input type="checkbox"/> button</li> <li><input type="checkbox"/> tie laces</li> </ul>	Does your child still wet or soil his/her pants? If yes, please explain: <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no</li> </ul>
	Which hand does your child prefer? (Check one) <ul style="list-style-type: none"> <li><input type="checkbox"/> right</li> <li><input type="checkbox"/> left</li> <li><input type="checkbox"/> both</li> </ul>
	How do you consider your child's demeanor? <ul style="list-style-type: none"> <li><input type="checkbox"/> very quiet</li> <li><input type="checkbox"/> generally happy</li> </ul>

## CHILD'S SOCIAL DEVELOPMENT

What experiences has your child had playing with other children? Please explain.	
Does he/she play well with other children? <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no</li> </ul>	Do you have any concerns about his/her ability to get along with others? Please explain:
We encourage children to resolve differences without hitting. Will this challenge your child? <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no</li> </ul>	How is your child taught to resolve differences at home (for example, if someone takes something from him/her or if someone hits him/her)?
Please check all that apply: Do you feel your child: <ul style="list-style-type: none"> <li><input type="checkbox"/> cries easily</li> <li><input type="checkbox"/> often has temper tantrums</li> <li><input type="checkbox"/> handles correction appropriately.</li> </ul>	Is there anything else we should know about your child's social development or personality?
Please rank these activities according to the amount of time your child spends doing them: ( 1=most time spent, 5=least time spent ) <ul style="list-style-type: none"> <li>_____ watching television</li> <li>_____ playing with his/her toys</li> <li>_____ looking at books</li> <li>_____ playing with other children approximately his/her own age</li> <li>_____ using pencil, paper, crayons, scissors, etc.</li> </ul>	What is your child's favorite book?
	What other activities are of high interest to your child?
Does your child participate in any organized activities or lessons (e.g. dance, music, karate, soccer, etc.)? If so, please list.	

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## HOME LIFE/SITUATIONS

Are there any situations at home or in your family that might affect your child at school? Please explain.

- yes  
 no

Are there any custodial/guardian arrangements that the school should be aware of? Please explain.

- yes  
 no

## ADDITIONAL INFORMATION

As your child enters school, what concerns do you have? Please explain.

Is there any additional information you would like to share about your child? Feel free to continue on the back of this page if necessary.