



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: \_\_\_\_\_ School: \_\_\_\_\_ Today's date: \_\_\_\_\_

Name(s) of parent(s) or guardian(s): \_\_\_\_\_

### Social Readiness for School

\*Has your child had preschool experience 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 NO If so, how many years? \_\_\_\_\_

\*Is this your oldest child? YES NO

	YES	SOMETIMES	NO
Is your child afraid of new situations and environments? (Does your child cry easily?)			
Is your child able to play nicely and have conversations with children in new situations?			
Does your child have difficulty sharing, taking turns, or playing with other children (in a 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 your child bounce a ball?		

\*How many hours at night does your child sleep? \_\_\_\_\_

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

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***Thank you for the thorough and honest answers!***