

kindergarten parent input form

3401 SW MYRTLE ST
SEATTLE WA 98126
GUADALUPE-SCHOOL.ORG



Student name _____ Date of birth _____

Name your child will use in class (if different than above) _____

My child previously attended preschool or daycare
Name of preschool or daycare your child attended _____

My child has not previously attended preschool or daycare

Preschool experience (skip this question if your child did not attend preschool)

Was it a positive experience? Yes ____ No ____ Comment:

What was the preschool like? Structured ____ Mostly social ____

Give a short description of the types of work your child was expected to complete:

Here is a list of activities that most incoming kindergarten students can do. Please sit down with your child, have them show you what they can do from the list below, and mark the results.

Please note: *Having all the skills listed below is not a prerequisite for enrollment.* Children mature at different rates; some things that your child can't do now, he/she may be able to do by fall. Your honest response is most helpful, and your child will receive better support if we have a realistic sense of his/her strengths and areas for growth.

Yes	No	Unsure	Activity	Comment
			Can take care of his/her own bathroom needs.	
			Can put on his/her coat and fasten it without help.	
			Can successfully use pencils and crayons. Left____ Right____ Both____	
			Can sing the ABC song correctly.	
			Can name letters of the alphabet. All ____ Most ____ Some ____ A few ____	
			Can name the letters of his/her name.	
			Can recognize his/her name written with a capital letter at the beginning and lowercase letters for the rest.	
			Can count to 20.	
			Can cut using scissors. Left____ Right____ Both____	
			Can follow simple directions.	

1. Has your child attended kindergarten before? Yes ____ No ____ If yes, please explain:

2. Do you expect a difficulty with separation the first few days? Yes ____ No ____ Comment:

3. Can your child sit and pay attention to a teacher for 10 minutes? Most of the time ____ Sometimes ____ Seldom ____
Comment:

4. Does your child enjoy being read to regularly?

Yes ____ Occasionally ____ Not yet ____ We don't have a regular reading time. ____

If reading with your child is a regular part of your family routine, please list some favorite books:

5. Does your child attend church services regularly?

Yes ____ No ____ Name of church _____ Catholic ____ Non-Catholic ____

6. Do you have any concerns with your child's development? Yes ____ No ____ If yes, please explain:

7. Has your child ever had an IEP (Individual Educational Plan) or 504 Plan for accommodations?

Yes ____ No ____ If yes, please explain and attach a copy.

8. What languages are spoken in your home? What language does your child hear most often?

9. List some of your child's special interests and things he/she likes to do with his/her free time.

10. Does your child have any health concerns? Additional information may be requested at registration time, but please mention concerns here.

11. Other comments:

Name of person completing this form _____

Relationship to student _____ Phone number _____

Date _____

Thank you for your help!

Note: This form will be shared only with those directly involved with the kindergarten admission process.