

preschool and pre-k parent input form

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



Preschool / Pre-K Preferences

Choose one:

- Preschool (Age 3)
 Pre-K (Age 4)

Choose one: *Full Day or Half Day AM*

- Full Day 8:00 - 3:00
 Half Day AM only 8:00 - Noon

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 ____

Comment:

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

Here is a list of activities that most incoming preschool/pre-k students can do. Please sit down with your child, have him/her show you what he/she 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 understand his/her strengths and areas of growth.

Yes	No	Unsure	Activity	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can take care of his/her own bathroom needs.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can put on his/her coat.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can successfully use pencils and crayons.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can sing the ABC song correctly.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can name letters of the alphabet. All ____ Most ____ Some ____ A few ____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can name the letters of his/her name.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can count to 10.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can cut using scissors.	

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

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

3. 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:

4. Does your child attend church services regularly?
Yes ____ No ____ Name of church _____ Catholic ____ Non-Catholic ____

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

6. 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.

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

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

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

10. 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 preschool/pre-k admission process.