**KINDERGARTEN INFORMATION**

**Roanoke County Public Schools GU.2-107-10**

Child’s full name: Birth date: / /

Child wants to be called: Child is:   boy  girl

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My child uses: |  | Most of the time |  | Some of the time |  | Almost never |  |  |
| \*crayons |  |  |  |  |  |  |  | to draw |
|  |  |  |  |  |  |  |  | to stay within the lines when coloring a picture |
| \*pencils/pens |  |  |  |  |  |  |  | to draw |
|  |  |  |  |  |  |  |  | to trace letters/numbers |
|  |  |  |  |  |  |  |  | to write letters/numbers |
|  |  |  |  |  |  |  |  | to write his/her name |
|  |  |  |  |  |  |  |  | to draw |
| \*scissors |  |  |  |  |  |  |  | to cut paper |
|  |  |  |  |  |  |  |  | to cut on a line |
|  |  |  |  |  |  |  |  | to cut out a shape/object |
| \*blocks |  |  |  |  |  |  |  | to build a tower |
| \*puzzles |  |  |  |  |  |  |  | my child is able to put together a 5 piece puzzle |
|  |  |  |  |  |  |  |  | my child is able to put together a 10 piece puzzle |
| \*laces |  |  |  |  |  |  |  | to string beads |
|  |  |  |  |  |  |  |  | to tie (able to tie shoes) |

We have a computer in our home that my child is able to use.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| My child is able to: |  | Most of the time |  | Some of the time |  | Almost never |
| * count to 10 |  |  |  |  |  |  |
| * identify letters of the alphabet |  |  |  |  |  |  |
| * identify numbers |  |  |  |  |  |  |
| * identify objects by colors |  |  |  |  |  |  |
| * identify objects by shapes |  |  |  |  |  |  |

How often do you read to your child?  daily  weekly  monthly  never

Is your child able to read?  yes  no

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| My child is able to: |  | Most of the time |  | Some of the time |  | Almost never |
| * play cooperatively with other children |  |  |  |  |  |  |
| * share and take turns willingly |  |  |  |  |  |  |
| * speak clearly and in full sentences |  |  |  |  |  |  |
| * use materials and equipment appropriately |  |  |  |  |  |  |
| * continue a task without assistance until finished |  |  |  |  |  |  |
| * listen and follow simple directions |  |  |  |  |  |  |
| * accept limits set by adults |  |  |  |  |  |  |
| * take care of personal items |  |  |  |  |  |  |
| * totally care for toileting needs |  |  |  |  |  |  |
| My child is able to: |  |  |  |  |  |  |
| * walk up and down stairs |  |  |  |  |  |  |
| * balance on one foot |  |  |  |  |  |  |
| * hop on one foot |  |  |  |  |  |  |
| * skip |  |  |  |  |  |  |

If you know of any reason your child should not be placed in the same class as another kindergarten child, please list child’s name and reason for the separation. (It may not be possible to honor your request).

Is there anything else you would like to share about your child?

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