

Parents as Partners

We value the information that you have about your child's early years and ask that you share your insights with us. This information will be helpful to us in our efforts to create well-balanced classrooms.

Name of Child: _____ Date of Birth: _____

Person(s) completing the form: _____ Relation to child: _____

What is your child's experience with other children in a structured environment outside of home? Please fill in all that apply.

Experience	Name of Organization	Days per week	Hours per day
Preschool			
Center-based Daycare			
Home Daycare			
Playgroup			
Library Story Time			
Dance/Sports/Music			

Overall, describe your child's preschool experience:

Motor Development and Self Help Skills

Child began walking at age _____ When was your child toilet trained _____?

Is your child toileting independently (handling clothing/wiping/hand washing) **Y N**

Can your child dress independently? **Y N**

What types of outdoor play does your child prefer?

Does your child enjoy drawing or coloring? **Y N**

Does your child write his/her name? **Y N**

Can your child cut with scissors? **Y N**

Do you have any concerns about your child's motor development or self help skills?

Language Development

What is your child's first language? _____ Second Language _____

Is your child easily understood? **Y N Explain:**

Is your child able to understand and follow simple directions?

Do you have any concerns about your child's speech or language?

Early Literacy

Does your child enjoy books? **Y N**

Being read to? **Y N**

How long will your child sit attentively for a story? **5min 10min 15min**

Social Development

What are your child's favorite home activities?

How much time does your child spend watching TV _____ playing video games per day? _____

What does your child like to do independently at home?

Describe how your child interacts with others? (1:1 and in a group)

Describe your child's attention span:

How does your child manage unexpected changes in a daily routine?

How does your child manage disappointment?

How does your child separate from you and other familiar adults?

Do you have any concerns about your child's social development?

Other

What would you like us to know about your child? (special talent or strengths)

Does your child have any fears (dogs, darkness, loud noises)?

What is your biggest parenting challenge?

Does your child sleep through the night? **Y N**

What are your goals and expectations for your child's kindergarten year?

The district offers a variety of parent education workshops. In what area, or on what topic, would you like to see a presentation made?

Is there any other information that would better help us understand your child?