

KINDERGARTEN STUDENT INFORMATION SHEET

CHILD'S NAME: _____

PREFER: _____ AM _____ PM



Mornings — Mon-Thurs: 8:45 - 11:30 am
 Friday: 8:45 - 10:50 am
 Afternoon- Mon-Thurs: 12:45 - 3:25 pm
 Friday: 11:30 - 1:30 pm

	Rarely	Occasionally	Frequently	Very Frequently
Withdrawn or overly shy.				
Separation issues (Prone to tantrums?)				
Nervous and/or anxious behaviors. (Cries easily?)				
Happy, positive attitude				
Ability to hold still and also keep attention for a 5 minute stretch (Can he/she sit still during a story?)				
Does he/she follow directions you request/or respond well to redirecting behavior?				
Aggression towards self, others, property. (Hitting throwing, use toys in inappropriate ways?)				
Respecting other's property & space				

TO HELP US GET TO KNOW YOUR KINDERGARTENER BETTER!

1. How many letters does he/she know? _____
2. How many numbers can he/she recognize, and count to? _____
3. Is he/she reading? _____
4. Is your child ready to learn? _____
5. Who are your child's friends in kindergarten? _____
6. Does he/she have siblings attending Bountiful Elementary? _____
 If so, names? _____

