

Centerville Elementary School – Kindergarten Student Information Survey

Your child's full name:

Date:

Kindergarten Session preference: (select one)

- AM PM

Have your child write their name and draw a picture of themselves. Please do not help (such as telling them the letters). Please include attach and bring with your registration materials.

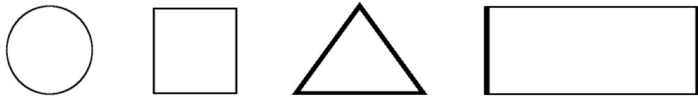
What is your child's dominant hand?

- LEFT RIGHT

Do they hold their pencil correctly?

- YES NO

Ask your child to identify these shapes. Indicate which shapes they know.



Using the pictures below or a box of crayons, point to each color and have your child name the color. Indicate the colors they know.

- RED YELLOW BLUE ORANGE GREEN



- PURPLE BLACK BROWN



Point to each letter. Ask your child to tell the name of the letter. Indicate the letters they can name without help.

__ M __ L __ A __ T __ B __ H __ U __ R __ D __ O __ X __ J __ V
__ S __ G __ N __ Q __ W __ I __ Y __ P __ E __ Z __ K __ C __ F

Point to each letter. Ask your child to tell the name of the letter. Indicate the letters they can name without help.

__ s __ m __ g __ l __ n __ a __ q __ t __ w __ b __ i __ h __ y
__ r __ p __ d __ e __ o __ z __ u __ x __ k __ j __ c __ v __ f

Point to each number. Ask your child to identify the number. Indicate the numbers they can name without help.

__ 3 __ 2 __ 1 __ 0 __ 5 __ 4 __ 6 __ 8 __ 7 __ 9 __ 10

Have your child count these hearts. Were they able to count accurately the first time? YES NO



My child can count to _____ without help from an adult.

Please check the items below and explain any areas needed. This information will help us better meet your child's needs.

According to my best judgment, my child:	Yes	Some	No	If you would like to, describe or explain:
Knows how to hold a book and turn pages				
Knows the direction of print				
Knows how to read a few words				
Can cut and use scissors correctly				
Keeps room and toys organized				
Works on tasks until completed.				
Follows directions				
Handles frustration well				
Relates well with adults				
Takes turns				
Enjoys learning				
Has a good imagination				

Additional information:

Previous Preschool history:	
Siblings, names and ages:	
Allergies, health or speech concerns:	
What do you appreciate about your child?	
What concerns do you have?	
Parents names:	