

Los Alamitos Unified School District
UNIVERSAL TRANSITIONAL KINDERGARTEN & KINDERGARTEN INFORMATION SHEET

Dear Parent(s)/Guardian(s):

Your child will soon begin an exciting adventure in learning in Los Alamitos Unified School District. The Universal Transitional Kindergarten (UTK)/Kindergarten program will provide your child with many opportunities to develop social/emotional academic and physical skills. In order to design a program to meet your child's unique needs, we are asking for your help. Please take a few minutes to complete the following information:

Child's Name _____ **Birth Date** _____ **Age** _____ **Sex** M F
(Please Print) First Last (Month/Day/Year)

Address _____ **Telephone** _____

Parent/Guardian Name _____ **Parent/Guardian Name** _____

Work Phone _____ Work Phone _____

My child currently lives with: Mother ___ Father ___ Step Mother ___ Step Father ___ Other _____

1. What name do you want your child to be called at school? _____

2. Does your child prefer using right hand? _____ left hand? _____ or both? _____

3. What time does your child go to bed? _____ Arise? _____

4. Does your child dress himself/herself? _____

5. Has your child had frequent play experiences with other children? _____

Same age _____ Older _____ Younger _____

6. What are your child's interests? (drawing, building, stories, music) _____

7. How would you describe your child's usual temperament at home? (e.g., happy, stubborn) _____

8. Names and ages of brothers and sisters. _____

9. List anything else about your child/family that would be beneficial to the teacher: _____

10. What was your child's first language? ___ English ___ Spanish ___ Other

11. How does your child feel about coming to school? _____

12. Has your child attended preschool? ___ How many months? ___ How many hours weekly? ___

Which preschool? _____

13. Does your child have any special health conditions? (e.g. vision, hearing, physical limitations, allergies, seizures, corrective shoes, medication, etc.) _____

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

15. What do you hope your child will gain from this UTK/Kindergarten experience? _____

_____ I would be willing to volunteer in my child's classroom.

_____ I would be willing to volunteer in my child's classroom and complete work at home.

Parent/Guardian Signature _____ Date _____