KINDERGARTEN STUDENT INFORMATION

Student's Name: _____   Date: _____

1. Please check below the appropriate boxes that applies to your child:

   ☐ Uses crayons to color within simple lines   ☐ Uses scissors to cut paper
   ☐ Can print first name legibly   ☐ Can print last name legibly
   ☐ Follows two part verbal directions   ☐ Can tie his/her shoe laces

2. Recognizes the following colors:

   ☐ Red   ☐ Orange   ☐ Yellow   ☐ Green   ☐ Blue   ☐ Violet

3. Recognizes the following shapes:

   ☐ ▲   ☐ ■   ☐ ●

4. Can count from: ☐ 1-10   ☐ 1-20   ☐ 1-30   ☐ 1-40   ☐ 1-50

5. How many minutes each day do you read to your child? _____

6. How many minutes each day does your child watch TV? _____

7. Can your child recite the complete English alphabet?   ☐ Yes   or   ☐ No

8. Can your child write the complete English alphabet?   ☐ Yes   or   ☐ No

9. When is your child most attentive?   ☐ Morning   ☐ Afternoon

10. Is your child right or left handed?   ☐ Left   ☐ Right

11. Has your child attended pre-school?   ☐ Yes   ☐ No

12. If yes, how many hours: _____ and days per week _____

13. What pre-school did your child attend? _____