

Social Skills (plays with others cooperatively) 1 2 3 4

Speaking English 1 2 3 4

Follows Directions 1 2 3 4

Please list any comments or concerns regarding your child and/or their kindergarten experience....

Has your child received any special services? (circle one) Yes No
(For example, MESD Early Intervention, Head Start, speech, medical services, counseling, etc...) If yes, please list below and give a brief explanation.

Now a little information about you!

Are you available to volunteer in the classroom? (circle one) Yes No

How would you like to communicate with the teacher? (circle one)

Email_____ Phone_____

Notes Other_____

Please list activities you enjoy doing with your child _____
