



Help Us Know Your Child



Child's Name

Birthdate

Parent(s) or Guardian(s)

Home Address

Telephone Number

Elementary School

Answers to the following questions help the teacher plan learning activities for your child.

MY CHILD:

- Yes No Takes turns and shares with other children
- Yes No Has had a variety of experiences (park, library, zoo, etc...)
- Yes No Goes to the toilet by self, washes hands
- Yes No Pays attention/concentrates for 10-15 minutes at a time
- Yes No Follows 1-2 step directions without reminding
- Yes No Tells wants or needs
- Yes No Helps with simple household jobs, cleans up
- Yes No Can be away from parents for several hours
- Yes No Takes turns in conversations, responds to questions
- Yes No Remembers the rules of a game being played
- Yes No Can get dressed without help (button, snap, zip, and tie)
- Yes No Speaks in sentences of 5 or more words
- Yes No Holds book correctly and turns pages front to back
- Yes No Can tell a simple story
- Yes No Recites rhymes, sings songs
- Yes No Tells how things are alike or different
- Yes No Can identify some letters of the alphabet
- Yes No Prints first name correctly
- Yes No Tells whole name
- Yes No Tells whole address and phone number
- Yes No Can name basic colors
- Yes No Counts from 1 to 10 or beyond
- Yes No Recognizes numerals 1 to 10
- Yes No Tells "how many" in a group of objects
- Yes No Identifies basic shapes: circle, square, triangle, and rectangle

Yes No Has your child attended preschool? If yes, name of school:

Yes No Does your child wear glasses or have vision or hearing problems which need to be taken into account in teacher planning?

Yes No Is a language other than English spoken in your home? If yes, what language?

Are there some other things you want your child's teacher to know about when he/she starts to work with your child?
