



# 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 _____ | Takes turns and shares with other children                    | Yes _____ | Has your child attended preschool? If yes, name of school:   |
| No _____  | Has had a variety of experiences (park, library, zoo, etc...) | No _____  | _____  |
| Yes _____ | Goes to the toilet by self, washes hands                      | Yes _____ | Does your child wear glasses or have vision or hearing problems which need to be taken into account in teacher planning? |
| No _____  | Pays attention/concentrates for 10-15 minutes at a time       | No _____  | _____  |
| Yes _____ | Follows 1-2 step directions without reminding                 | Yes _____ | Is a language other than English spoken in your home? If yes, what language?   |
| No _____  | Tells wants or needs  | No _____  | _____  |
| Yes _____ | Helps with simple household jobs, cleans up                   | Yes _____ | Are there some other things you want your child's teacher to know about when he/she starts to work with your child?      |
| No _____  | Can be away from parents for several hours                    | No _____  | _____  |
| Yes _____ | Takes turns in conversations, responds to questions           | Yes _____ | _____  |
| No _____  | Remembers the rules of a game being played                    | No _____  | _____  |
| Yes _____ | Can get dressed without help (button, snap, zip and tie)      | Yes _____ | _____  |
| No _____  | Speaks in sentences of 5 or more words                        | No _____  | _____  |
| Yes _____ | Holds book correctly and turns pages front to back            | Yes _____ | _____  |
| No _____  | Can tell a simple story                                       | No _____  | _____  |
| Yes _____ | Recites rhymes, sings songs                                   | Yes _____ | _____  |
| No _____  | Tells how things are alike or different                       | No _____  | _____  |
| Yes _____ | Can identify some letters of the alphabet                     | Yes _____ | _____  |
| No _____  | Prints first name correctly                                   | No _____  | _____  |
| Yes _____ | Tells whole name  | Yes _____ | _____  |
| No _____  | Tells whole address and phone number                          | No _____  | _____  |
| Yes _____ | Can name basic colors   | Yes _____ | _____  |
| No _____  | Counts from 1 to 10 or beyond                                 | No _____  | _____  |
| Yes _____ | Recognizes numerals 1 to 10                                   | Yes _____ | _____  |
| No _____  | Tells "how many" in a group of objects                        | No _____  | _____  |
| Yes _____ | Identifies basic shapes: circle, square, triangle, rectangle  | Yes _____ | _____  |
| No _____  |   | No _____  | _____  |