

Kindergarten Family Information

Student Name: _____

Name of preschool attended (if any): _____ Age _____ Year _____

School address: _____

Did the student attend the DMCS pre-kindergarten program? YES NO

If the student attended another pre/developmental kindergarten program, list school name & address: _____

Does the student commonly experience problems with toilet habits? YES NO

Was the student ever retained at the kindergarten level? YES NO

If so, please explain: _____

Learning Background

Does the student have any special needs for which (s)he will need special help now or later in their education?

Hearing _____ Speech _____

Vision _____ Other (please explain) _____

List any special characteristics or learning needs of the student which you believe the teacher should know about.

Please include evaluation from previous school experiences. This will help us meet the learning needs of your student for a successful school experience.

Health History

Did mother have any illness during her pregnancy? YES NO Was your baby born early? YES NO

Did your baby weigh less than 5 lbs. at birth? YES NO Did your baby have any trouble starting to breathe? YES NO

Please explain any "yes" answers. _____

Development

Did your child say any words by 18 months of age? YES NO

Has your child developed at the same rate as other children the same age? YES NO

Please explain any "no" answers. _____
