

Kindergarten Intake Form

The following information will help us when making balanced classes for all kindergarten children. All information will be shared with only the kindergarten teachers. Thank you for your help.

Student Name _____ Gender _____ Birth Date _____
Parent/Guardian _____ Phone _____

1. Do you currently have another child attending this school? Yes No
2. How does your child handle changes in routines/transitions? Smoothly It's a challenge
3. Does your child easily separate from parents (say goodbye)? Yes No
4. Describe your child's preschool experience. Circle all that apply:

Full day	Half-day	Part time Daily	Did not attend	
Play Based	Academic	Outdoor	Montessori	Highly Structured

5. What preschool did he/she attend? _____

6. What friends will be attending from the same school? _____

7. Was your child eager to go to preschool each day? Yes No Sometimes

8. Check the following tools your child has worked with:

scissors crayons pencil glue stick

9. Does your child enjoy drawing or coloring? Yes No Sometimes

10. What does your child do when listening to stories?

Sit quietly Move around Not interested

11. Does your child enjoy looking at books independently and/or with you? Yes No

12. How often do you read with your child? Daily 1-2 days/week Rarely

13. Can your child write his/her name independently?

First only First and Last Not either yet

14. Does your child have any allergies to any food or medications? No Yes

(if yes, please list) _____

15. Any Medical diagnosis that would apply to your child's education needs? No Yes
(if yes please explain) _____

16. Does your child have an IEP, 504 Plan or other needs: motor, speech, language, behavior/attention, sensory, etc. that we should be aware of? _____

17. Please share any other comments about your child that may assist us in making the best classroom placement: _____

18. Anything else about your child that you think we should know about? _____