



| <b>Emotional/Self-Reliance</b><br><b>Does your child:</b>                 | <b>No</b> | <b>Uncertain</b> | <b>Yes</b> |
|---|-----------|------------------|------------|
| Willingly engage in a new activity?                                       |           |                  |            |
| Usually make an effort to solve problems before seeking help?             |           |                  |            |
| Usually continue a task until it's completed or until it is time to stop? |           |                  |            |
| Usually react to disappointment and failure in an acceptable manner?      |           |                  |            |

| <b>Speech</b><br><b>Does your child:</b>                                | <b>No</b> | <b>Uncertain</b> | <b>Yes</b> |
|---|-----------|------------------|------------|
| Express needs and requests verbally rather than by inappropriate means? |           |                  |            |
| Have speech that is understandable?                                     |           |                  |            |
| Speak in complete sentences or at least five words?                     |           |                  |            |
| Receive speech therapy?   |           |                  |            |

| <b>Health/Physical</b><br><b>Does your child:</b>   | <b>No</b> | <b>Uncertain</b> | <b>Yes</b> |
|---|-----------|------------------|------------|
| Appear to have good physical health and stamina?  |           |                  |            |
| Appear to be free of physical/mental conditions or problems that might cause a need for special services? |           |                  |            |

| <b>General Knowledge/Comprehension</b><br><b>Can your child:</b>  |  |  |  |
|---|--|--|--|
| Identify by naming parts of the body such at those listed below? (If known, please circle)<br><br>Thumb    Fingernails    Chin    Chest<br><br>Elbow    Shoulders |  |  |  |

| <b>Dominance/Laterality</b><br><b>Does your child consistently:</b>             | <b>No</b> | <b>Uncertain</b> | <b>Yes</b> |
|---|-----------|------------------|------------|
| Follow the pattern of working left to right and top to bottom when appropriate? |           |                  |            |

**In an effort to get to know your child better, please answer the questions below.**

1. Does your child have any allergies? Any medications? Please explain.

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2. Does your child have any significant developmental history; such as prematurity, speech delays, gross or fine motor issues? Please explain.

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3. Does your child have playmates his/her own age? (circle one) No Yes

How many? \_\_\_\_\_ How often do they have play dates? \_\_\_\_\_

4. Do they participate in any team sports or outside activities? No Yes

Which ones? \_\_\_\_\_

5. Does your child have siblings? (circle one) No Yes

Age? \_\_\_\_\_ School? \_\_\_\_\_

Age? \_\_\_\_\_ School? \_\_\_\_\_

Age? \_\_\_\_\_ School? \_\_\_\_\_

6. Did your child attend preschool? (circle one) Yes No

Name of School: \_\_\_\_\_

7. Which hand is more dominant? (circle one) Right hand Left Hand Both

8. What is your child's bedtime? \_\_\_\_\_

9. How does your child spend his/her time daily when not at school? (hobbies, special interests, television, video games, etc.)

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10. What methods of encouragement have you found most effective?

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11. What do you want most for your child this TK/Kindergarten year?

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12. Please take a moment to write about your child. What are things you as a parent feel would be important for us to know? We want to know how your child thinks, plays, and how they are as a learner and person. What are your child's best qualities?

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13. Please list any concerns you may have about your child in TK or Kindergarten.

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14. Does your child have trouble separating from you? (circle one) Yes No

15. Will your child attend Kids Konnection before or after class?

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