

Emotional/Self-Reliance Does your child:	No	Uncertain	Yes
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?			

Speech Does your child:	No	Uncertain	Yes
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?			

Health/Physical Does your child:	No	Uncertain	Yes
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?			

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

Dominance/Laterality Does your child consistently:	No	Uncertain	Yes
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.

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

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.)

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

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

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?

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

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

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