

Kindergarten Registration Questionnaire

Child's name _____ Date of Birth: _____

Is your child able to....	Always	Sometimes	Never
1. Able to separate easily from caregivers?			
2. Speak clearly to be easily understood?			
3. Enjoy playing with others?			
4. Take turns and share easily with other children?			
5. Color a coloring page without assistance?			
6. Put together a puzzle with some help?			
7. Put toys away after playing?			
8. Recognize first name in print?			
9. Write first legal name with no errors?			
10. Understand direction words like "under" and "over"?			
11. Identify all eight basic crayon box colors?			
12. Correctly identify circle, square, triangle, rectangle?			
13. Count to 10 with no skips?			
14. Count objects correctly? (☺ ☺ ☺ ☺ ☺=5)?			
15. Listen quietly to a story?			
16. Color a picture without assistance?			
17. Match things that are alike (circle with a ball)?			
18. Identify numbers 1,2,3,4,5 out of order?			
19. Follow two step directions (sit here and color)?			
20. Hold scissors correctly?			
21. Zip or button coat independently?			
22. Have a conversation with other children?			
23. Draw or trace shapes with a pencil or marker?			
24. Manage their bathroom needs independently?			
25. Express emotions without acting out?			

Any other information you would like us to know about your child...

Southeast Delco Kindergarten Center Parent Questionnaire

Name of Child: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code _____

Primary Phone#: _____ Cell Home Alternate Phone#: _____

Name of Person who has PRIMARY physical custody of child: _____

Did your child attend preschool or daycare? YES NO Name of School: _____

Circle any previous testing done with your child: BEHAVIORAL ACADEMIC SPEECH OT PT

Does your child get any services from an agency? Agency name: _____

Does your child have a current IEP? YES NO (if yes, please attach all paperwork)

List any food allergies your child has: _____

List any health concerns you would like to share with the school: _____

Do you celebrate birthdays and holidays in your home? YES NO

Please check the personality traits that describe your child:

- Active
- Shy
- Angers easily
- Impatient
- Caring
- Difficult to separate from you
- Excited about learning
- Helpful to others
- Daydreams
- Temper tantrums
- Shares

Please check the school readiness skills you have seen in your child:

- Likes to color
- Recognizes his/her name
- Writes first name correctly
- Knows basic colors
- Knows basic shapes
- Counts to 10 independently
- Likes to listen to stories
- Plays well with others
- Knows how to take turns in games

Parent Signature

Printed Name