



KINDERGARTEN GETTING ACQUAINTED FORM

 Child's Last Name Child's First Name Middle Initial

 Child's Birth Date (mm/dd/year) Child's name to be used/called in school

Please check the appropriate box: male female

Parent/Guardian Information:

 Mother/Guardian's Name Father/Guardian's Name

 Mailing Address Mailing Address

 City State Zip Code City State Zip Code

 Home Phone Home Phone

 Cell Phone Cell Phone

 Work Phone Work Phone

***Please circle the phone number where you can be reached during school hours.**

 Email Address Email Address

 Names and Ages of Siblings (as of the first day of school)

We speak the following language(s) in our home: _____

About My Child's Early Learning Experiences at Age 4:

If your child is **NOT** enrolled in any program, check here _____

My child has been enrolled in _____ from _____ to _____
 (Name of preschool attended)

What is your child's handedness? Right-Handed Left-Handed Not Yet Determined

Did your child’s preschool teacher have any concerns or recommendations about your child entering kindergarten?

yes no

*If you checked yes, please explain in detail on the lines below:



If your child is a twin, do you want your children in the same or separate classrooms?

same **separate**

Has your child been referred/recommended or already received intervention in any of the areas listed below?
If so, please provide dates of service on any line where you checked yes.

Occupational Therapy **yes** **no** _____
Physical Therapy **yes** **no** _____
Speech and Language **yes** **no** _____
Other **yes** **no** _____

Are there any health issues that may impact your child’s learning or his/her safety that the teacher or school should be aware of?

Kindergarten Readiness Checklists

Your **honesty will help the kindergarten teacher best meet the needs of your child**

Behavioral/Social Readiness	Consistently Demonstrates Skill/Understanding	Progressing Toward Consistent Demonstration of Skill/Understanding	Needs Improvement/ Not Yet Mastered
Follows a simple routine			
Takes turns with others			
Is kind to others			
Works independently on a simple task			
Listens to a story without interrupting			
Demonstrates an adequate attention span for short activities and projects (10 minutes)			
Follows a simple two step verbal direction			
Demonstrates self control			
Assumes responsibility for own actions			
Assumes responsibility for personal belongings (backpack, lunch box, snacks, drinks, etc.)			
Sits still for short periods of time to adult-directed tasks (10 minutes)			
Follows rules			
Manages bathroom needs			
Separates from parents without being upset			
Respects others' personal space			
Takes pride in his/her work / completes tasks with care			



Academic Readiness	Consistently Demonstrates Skill/Understanding	Progressing Toward Consistent Demonstration of Skill/Understanding	Needs Improvement/ Not Yet Mastered
Prints first name using uppercase and lowercase letters appropriately			
Recognizes the majority of uppercase and lowercase letters <u>out of sequence</u>			
Can provide a rhyme for a given word (sun _____, ten _____)			
Can recognize and name numbers 1-10 <u>out of sequence</u>			
Identifies basic shapes			
Holds a pencil using proper grip			
Stays on the line while cutting with scissors			
Enjoys coloring / arts and crafts			
Experiments with writing (stories, notes, etc.)			

At this stage in your child's development, he/she is a...
please check

- Reader Non-Reader

If there is anything else you feel the classroom teacher should know to better understand your child, please comment: (please feel free to use the back of this page, if necessary)_____

Thank you for your honest input in filling out this form!

New Hope-Solebury Lower Elementary School is a special place to learn and grow.

We look forward to working with you and your child! ☺