

INFORMATION FORM FOR ENTERING KINDERGARTENERS

(Pages 2 to 4 of this form should be completed by your child's pre-school teacher.)

To Parents/Guardians:

- Please complete this cover page which includes information about your child's preschool experience prior to kindergarten entry. Be sure to circle permissions and to sign below.
- Give this four-page packet to your child's preschool teacher. S/He will complete the attached checklist which addresses current skills and behaviors in the classroom.
- You may request that your child's preschool teacher share information and show you the checklist during spring parent/teacher conferences.
- Your child's preschool will forward this packet to the receiving elementary school.

Child's Name: _____

Nickname: _____

Address: _____

Date of Birth: _____

Elementary School: _____

Preschool: _____

Dates of Attendance: _____

Telephone: _____

Current Teacher: _____

Permissions (please circle one of each pair)

My child's preschool (*has / does not have*) permission to forward the attached checklist to his/her elementary school. His/her teacher also may provide additional verbal and written information as needed.

Lexington Public Schools (*has / does not have*) permission to contact my child's preschool teacher if there are additional questions regarding kindergarten transition.

Parent/Guardian Signature

Relationship to Student

Child: _____ Teacher _____

Birth date: _____ School _____

Length of Acquaintance: _____ Class Ratio (T:S) _____ Receiving School _____

Classroom Adaptation Skills

	Rarely	Sometimes	Consistently
Regulates inappropriate behavior (running, shouting, aggressions)			
Modifies behavior if provided with verbal/nonverbal direction			
Sits for short story and stays in own place			
Cares for own toileting needs without supervision			
Follows one and two-step directions			
Works without disrupting others			
Eats snack/lunch independently with fingers/utensils			
Demonstrates a positive attitude toward school			
Understands daily routines			
Reacts appropriately to changes in the routine			
ADDITIONAL INFORMATION:			

Social/Emotional Skills

Handles frustration appropriately			
Enjoys the company of other children			
Complies with adult expectations			
Plays according to rules established by play group			
Separates easily			
Responds to social reinforcement and praise			
Seeks out adults for assistance, information, comfort			
Interacts and defends self without aggression			
Adjusts to new situations			
Initiates interactions with peers			
ADDITIONAL INFORMATION:			

Child: _____

Communication Skills

	Rarely	Sometimes	Consistently
Is understood by others (articulation)			
Learns names of teachers/peers			
Secures teacher/peer attention appropriately			
Answers teacher's questions			
Listens to other children's ideas in a group			
Relates ideas and experiences			
Greets teachers/peers			
Communicates likes/dislikes			
Asks questions while in group			
Participates in group with relevance to the topic			
ADDITIONAL INFORMATION:			

Fine/Gross Motor Skills

Knows how to print first name to sign in			
Demonstrates appropriate marker/pencil grip			
Copies simple shapes (lines, circle, cross, diags, triangle, square)			
Shows interest in writing letters and numerals			
Cuts with scissors appropriately			
Uses a variety of playground equipment			
Coordinates body when running, climbing, kicking			
Climbs stairs with alternating feet			
Catches thrown ball with hands and chest			
Skips with alternating feet			
ADDITIONAL INFORMATION:			

Child: _____

Cognitive/Pre-Academic Skills

	Rarely	Sometimes	Consistently
Demonstrates curiosity to explore and discover			
Is willing to take risks			
Maintains attention			
Challenges self			
Engages in pretend play			
Demonstrates appropriate memory skills (visual/verbal)			
Begins work activities with minimal teacher prompting			
Plans in advance and carries out work activity to completion			
Recites the alphabet or sings ABC song			
Recognizes different shapes			
Recognizes upper case letters			
Counts by rote to 10			
Demonstrates 1:1 correspondence			
Recognizes numerals to 10			
ADDITIONAL INFORMATION:			

MOST FAVORITE ACTIVITIES / INTERESTS / TIMES OF DAY

LEAST FAVORITE ACTIVITIES / INTERESTS / TIMES OF DAY

Please use this space to share information about this child’s learning style, likes and dislikes, areas of strength, work in progress, and social dynamics. Also please mention specific strategies for transitions, growth, and behavior management. This information will assist us in making class assignments.