

**Amerman Elementary School
Kindergarten Pupil Information**

Student Name: _____ Gender: F M Birthdate: _____

My child likes to be called (nickname): _____ Language spoken at home: _____

What is your child's position in the family? (Example: first of two children) _____

If you have other children, please list name and age: _____

Has your child attended pre-school? Yes No Preschool Name: _____

What were the strengths of the past teacher that were particularly beneficial to your child? _____

Approximately how many hours a day do you allow for television viewing/video gaming? _____ hours per day

Has your child had difficulty with ear infections? Yes No Frequency _____

Has your child had any type of speech difficulty (stuttering, articulation, etc.)? Yes No

If yes, please explain: _____

Does your child have any medical problems (including allergies) that the school should know about? Yes No

If yes, please explain: _____

Do you have any developmental concerns about your child? Yes No If yes, what are the concerns? _____

Is there any home situation that might affect your child and his/her adjustment to school? Yes No

If yes, please explain: _____

What is the primary language spoken at home? _____

What characteristics do you observe in your child's personality and learning style? _____

What do you want the Kindergarten teacher to know about your child? _____