

**Silver Springs Elementary School
Kindergarten Pupil Information**



Student Name: _____ Gender: F M Birthdate: _____

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: _____

To what type of learning environment does your child best respond? _____

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? _____

Silver Springs Elementary School Kindergarten Readiness Checklist



What Can My Child Say, See, and Do?

Student Name: _____

My Child Can Say:	Yes/No
His/her first name	
His/her age	
His/her birthday	
Name of parent(s) or guardian(s)	
The alphabet	
Ask for help	
My Child Can Take Care of Personal Needs:	Yes/No
Take care of ALL bathroom needs	
Button/snap pants	
Zip Jacket	
Tie shoes	
My Child Can Recognize:	Yes/No
First and last name	
Letters in first and last name	
Letters of the alphabet (out of order, upper case, lower case)	
8 basic colors (red, yellow, orange, green, blue, black, purple, brown)	
4 basic shapes (circle, square, rectangle, triangle)	
Numerals 1-10	
Parts of a book (front, back, pictures, words)	
My Child Has These Fine Motor Skills:	Yes/No
Write first and last name	
Write alphabet	
Use scissors correctly	
Hold a pencil correctly	
Use a glue stick	
Draw the four basics shapes (circle, square, rectangle, triangle)	
My Child Can:	Yes/No
Show position (over, under, below, above, behind, beside)	
Count to 20	
Identify left and right	
Point to appropriate body parts (head, shoulders, arm, legs, etc.)	