



**SAINT JOSEPH PARISH SCHOOL
KINDERGARTEN STUDENT INFORMATION FORM**

Child's Name _____

Date of Birth _____

Nickname _____ Gender Male Female

Parents' Names _____

Address _____

Phone Number: _____ Email: _____

Is there more than one language spoken at home? _____ If yes, please complete the following:

What is the primary home language? _____ Is your child bilingual? _____

Child's family includes (siblings):

This questionnaire is confidential and your responses will be shared only with professional personnel and only if the information learned will help in planning an educational program for your child.

I. General Health History

Is your child presently on medication? _____ Type: _____

Has your child had any significant injuries or hospitalization? _____

II. Hearing Assessment

Has your child ever had any ear/hearing examination or treatment? (Mark one) _____ yes _____ no

When _____ By Whom _____ Results _____

III. Language Development

At what age did your child first begin to speak? Give approximate age if you do not remember exact age:

First words _____ Two or three words together _____ Sentences _____

Does your child:

1. Stutter? _____ Yes _____ No

2. Have difficulty expressing ideas and concepts? _____ Yes _____ No

IV. Visual Assessment

Has your child ever had a vision examination or treatment? ___ Yes ___ No

When _____ By Whom _____ Results _____

V. Motor Development

At what age did your child begin walking? (If a guess, label as such.) Age _____

Does your child:	(Yes)	(No)
1. Catch a ball thrown to him?	___	___
2. Enjoy physical activities?	___	___
3. Lose balance, trip and fall more often than normal?	___	___
4. Have difficulty running?	___	___

VI. Social Development

Does your child:	(Yes)	(No)
1. Have regular playmates the same age?	___	___
2. Have difficulty getting along with other children?	___	___
3. Prefer to play with other children instead of alone?	___	___
4. Become easily frustrated?	___	___
5. Cry often?	___	___
6. Have a bad temper?	___	___
7. Enjoy cooperating with others?	___	___
8. Become frequently irritated or moody?	___	___
9. Become upset by changes in routine?	___	___
10. Have difficulty dealing with family stress such as illness, death, or separation?	___	___
11. Demand much individual adult attention?	___	___
12. Accept discipline and limits?	___	___

VII. Is there any other information that will help us understand your child? Please explain:

Has your child attended a pre-school? ___ Yes ___ No ___ # of years.

Name of Pre-school _____

Has your child attended a kindergarten? ___ Yes ___ No.

If Yes, where? _____

Has your child received speech therapy? ___ Yes ___ No.

Does your child have a current IEP/ISP? ___ Yes* ___ No

*Please provide a copy of the IEP/ISP with this paperwork

Do you have any concerns about your child's readiness for kindergarten? ___ Yes ___ No

Would you like an individual conference with the staff guidance counselor to relay any information you don't feel comfortable including on this form? ___ Yes ___ No.