John P. Faber Elementary School
Dunellen, New Jersey

Kindergarten Information Form

Date: ____________________________

Child's Given Name: ____
Name Child goes by: ____
Parents Names: ____
Child's Date of Birth: ____

FAMILY COMPOSITION

Siblings & Ages: ____
____

Other language(s) spoken in the home: ____

PRIOR SCHOOL EXPERIENCE

Name of Pre-School ____ # of years attended ______

First Year	Second Year	Third Year
____ one-half day	____ one-half day	____ one-half day
____ full day	____ full day	____ full day
____ # days per week	____ # days per week	____ # days per week

Prior School Adjustments:
____ excellent
____ good
____ poor

Attitude Towards Coming To School:
____ fearful
____ uncertain
____ eager

DEVELOPMENTAL MILESTONES

At what age did your child:

Sit Up ______________ Walk _______________ Become Toilet Trained ____________

Crawl ______________ Speak Words _______ Use Sentences ____________________

1. Is your child left or right handed? ____

2. Please check one box for each:

	Always	Never	Sometimes
a. Does your child play cooperatively with peer(s)?	☐	☐	☐
b. Does your child help other children spontaneously?	☐	☐	☐
c. Does your child follow adult direction without complaint?	☐	☐	☐
d. Does your child willingly leave your side to join a group activity?	☐	☐	☐
e. Does your child complete activities when given?	☐	☐	☐
f. Does your child work alone when appropriate?	☐	☐	☐
g. Does your child in general care for self? (i.e. dressing, feeding, toileting)	☐	☐	☐

3. Please answer the following questions:

	Yes	No
a. Can your child recognize the letters of the alphabet?	☐	☐
b. Can your child read sentences, stories?	☐	☐
c. Can your child recognize sight words?	☐	☐
d. Can your child count? How far? ___________	☐	☐
e. Can your child cut with scissors?	☐	☐
f. Can your child hop & skip?	☐	☐
g. Can your child catch & throw?	☐	☐
h. Can your child color within given lines?	☐	☐

4. Please note any concerns you have about your child entering kindergarten:

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