

**NORTHBROOK/GLENVIEW SCHOOL DISTRICT NO. 30
KINDERGARTEN INFORMATION SURVEY**

This checklist has been designed to provide the teacher with information concerning the development of your child. Please check only those items that apply to your child, and feel free to add explanations where needed.

FAMILY INFORMATION

Child's name _____ Name used in school _____
Child's birth date _____ Home phone _____
Street address _____ City _____
Mother's name _____ Business/Cell phone _____
Father's name _____ Business/Cell phone _____

Parent's marital status married separated divorced
 remarried widowed single

If divorced, who is the legal guardian? _____

Other children in family	Age	School/Grade level
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name any extended family members or others living with you.

- 1) Is English the primary language spoken at home? _____
- 2) What was the child's first language? _____
- 3) Other language(s) spoken at home _____

How will your child get to school? bus walk arranged by a parent

HEALTH

Check the appropriate items and describe below:

- | | |
|---|--|
| <input type="checkbox"/> Complications at birth | <input type="checkbox"/> Hearing difficulties |
| <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Ear infections/tubes |
| <input type="checkbox"/> Vision difficulties | <input type="checkbox"/> Allergies (specify) |
| <input type="checkbox"/> Wears eyeglasses | <input type="checkbox"/> Asthma |
| If so, when are they needed?
_____ | <input type="checkbox"/> Seizures/convulsions |
| <input type="checkbox"/> Diet restrictions (specify)
_____ | <input type="checkbox"/> Currently on medication |
| | <input type="checkbox"/> Other health issues |
- _____

SOCIAL EXPERIENCES

Has your child attended preschool? _____

If so, name of school? _____

Age started? _____ How many years attended? _____

If necessary, can we contact your child's preschool? _____

How did your child feel about his/her preschool experience?

Please list any park district/extracurricular activities.

Check the experiences which consistently apply to your child:

- | | |
|---|---|
| <input type="checkbox"/> prefers to play alone | <input type="checkbox"/> is usually a follower among peers |
| <input type="checkbox"/> prefers to play with others | <input type="checkbox"/> can follow simple directions |
| <input type="checkbox"/> prefers quiet play | <input type="checkbox"/> can listen to a story for 10 minutes |
| <input type="checkbox"/> prefers active play | <input type="checkbox"/> can listen without interrupting |
| <input type="checkbox"/> is usually a leader with peers | <input type="checkbox"/> can share and take turns |

excels in a particular area (specify-such as sports, art, music)

Which of these materials does your child use at home?

- scissors paint paste crayons
 drawing paper clay computer

What are his/her favorite playthings or interests?

DEVELOPMENTAL

- right-handed left-handed no dominance established

Check the skills your child can do independently:

- | | |
|--|--|
| <input type="checkbox"/> buttons | <input type="checkbox"/> uses paints |
| <input type="checkbox"/> ties shoes | <input type="checkbox"/> uses glue |
| <input type="checkbox"/> zips coat | <input type="checkbox"/> prints name |
| <input type="checkbox"/> uses scissors | <input type="checkbox"/> knows phone number |
| <input type="checkbox"/> uses pencils | <input type="checkbox"/> knows address |
| <input type="checkbox"/> uses crayons | <input type="checkbox"/> looks at books/pretends to read |

How often do you read to your child? _____

If your child has speech or language concerns please explain. _____

Please share any other information about your child that you think would be helpful as he or she begins kindergarten.