

# Kindergarten

## Child Information Form

Please fill out the following student information request form. As parents, you know your child best. The information you provide us will assist us in setting appropriate, individual educational and social-emotional goals for your child in Kindergarten. Please return this form on *Meet the Teacher Night* (September 1st) or take a picture of the completed form and email it to me at [pamstephenson@wolfcreek.ab.ca](mailto:pamstephenson@wolfcreek.ab.ca). Thank you in advance for your support!

Your Child's Full Name: \_\_\_\_\_

Your Child's Preferred Name or Nickname: \_\_\_\_\_

1) Please describe your child's character in a few words:

2) What are your child's strengths?

3) What upsets your child? How does he/she react?

4) What are your child's out of school activities, hobbies and interests?

5) Please list names and ages of siblings:

6) Please list special pets you have in your home:

7) Approximately how much time does your child spend on electrical devices in a week?

8) Are there any personal or physical problems I should be aware of? For example, custody agreements, allergies, religious preferences, health concerns, etc. Please feel free to request a private conference to discuss these concerns in depth.

9) Can your child print his/her name yet?

Yes      No      Developing

10) Does your child independently dress themselves (coat, boots, etc.)?

Yes      No      Developing

11) Do you read regularly to your child (3 or more times a week or more)?

Yes      No

12) Can your child use scissors?

Yes      No      Developing

13) Can your child recognize numbers?

Not Yet      1 - 5      5 - 10      10 - 20      20 +

14) Can your child recognize alphabet letters when shown individually out of order?

Yes      No      Developing

15) Does your child recognize basic colours?

Yes      No      Developing

16) Will your child be riding the bus to and from school in Kindergarten?

Yes      No      Unsure At This Time

16) Does your child enjoy some sit down academic activities such as puzzles, painting and colouring, or are they primarily interested in play?

17) In what ways would you like to see your child grow in Kindergarten?

18) In your opinion, in regards to your child, which areas require the most growth, learning or improvement?

Thank you so much for taking the time to fill out the information on this form. I appreciate your insights. Your responses will help me get to know your child better! Thank you!  
- Pam Stephenson