

THE POTTER'S HOUSE KINDERGARTEN PARENT CHECKLIST

General information:

_____ prefers to be called _____ at
Child's name
school. Born on _____ and is _____ old.
mo/day/yr *years* *months*

Information given by: _____
name & relationship of person completing the checklist

_____ today's date

WITH WHOM DOES THE CHILD RESIDE?

- _____ Both parents
_____ Mother only _____ Father only
_____ Mother and Stepfather
_____ Father and Stepmother
_____ Relative
_____ Guardian or Foster parent

POSITION OF CHILD IN FAMILY:

- _____ Only child
_____ Oldest of _____
_____ Youngest of _____
_____ Middle of _____

HAND PREFERENCE:

Right _____ Left _____ Both _____

CHILD'S PRINTED SIGNATURE:

READINESS – PREVIOUS EXPERIENCE

Is your child looking forward to school? _____

Is this the first school experience? _____ Has he/she attended pre-school? _____

What experiences has he/she had (zoo, museum, travels etc.)? _____

Does your child enjoy:

Games / Puzzles

Looking at books

Being read to

Watch TV

How long a time period?

Has your child used

No

A Little

Quite a Bit

Paper and Pencil

Scissors

Crayons

Paints

Clay

Paste

Other

What questions do you have about your child starting kindergarten at this time?

SOCIAL SELF HELP

Is your child able to dress his/her self? _____ Tie his/her own shoes? _____

Put on a coat and hat? _____ Put on boots? _____ Take care of

personal toilet needs? _____

Is your child comfortable leaving their Mother/Guardian? _____

How does your child get along with other children?

• Own age: _____

• Older: _____

• Younger: _____

Can your child amuse them self if there's no one to play with them? _____

How? _____ Does child prefer to play alone? _____

Play with children own age? _____ Older? _____ Younger? _____

PARENTS INSIGHTS AND CONCERNS

What do you find most pleasing about your child? _____

What do you find most difficult? _____

What is the best kind of discipline for your child? _____

What is the worst kind of discipline? _____

GENERAL HEALTH

Has your child ever had: a head injury _____ high fever _____
earaches _____ serious injury (if so, what) _____
operations (if so, what) _____
serious illness (if so, what) _____

Were there any unusual conditions before, during or after birth? (if so, what) _____

Do you suspect any hearing problems? _____

Do you suspect any speech problems (word pronunciation, stuttering, etc.)? _____

Any history of diabetes in the family? _____

Do you suspect any allergies? _____

Has your child ever been referred for special help (The Children's Clinic)? _____
Reason _____

Is there anything else regarding your child's health or development that you'd like to share? _____

