

Please help us get to know your child. We will use this information to help your child feel comfortable and to meet his/her educational needs. There are no skill requirements for students to enter into MH4K. Please complete BOTH sides of this form and return it with your enrollment packet. Thank you!

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Form Completed By \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Please answer the following questions by circling "Yes" or "No".

My child usually:

### Physical Development

Yes / No Zips or fastens his/her own coat.

Yes / No In general, is independent with needs in the bathroom.

Yes / No Cuts with scissors.

Yes / No Draws a recognizable person.

### Social and Emotional Development

Yes / No Likes to have stories read to him/her for at least 10 minutes.

Yes / No Pays attention to a structured activity (e.g craft project) for at least 10 minutes.

Yes / No Pays attention during free choice play for at least 10 minutes.

Yes / No Follows rules and routines.

Yes / No Separates easily from parent/family member

Yes / No Shares and takes turns with toys or playground equipment.

### Language Development

Yes / No In general, uses speech that is understood by other people.

Yes / No Retells a story that was read to him/her.

Yes / No Sings simple songs.

### General Knowledge Development

Yes / No Identifies at least 6 colors.

Yes / No Identifies basic shapes (square, triangle, circle, rectangle).

Yes / No Recognizes some letters. If yes, child recognizes approximately \_\_\_\_ out of 26 letters.

Yes / No Counts from 1-10.

When asked, my child can tell their: First Name – Yes / No

Last Name – Yes / No

Age – Yes / No

Gender – Yes / No

City where they live – Yes / No

Please answer the questions to the best of your ability.

1.) Does your child speak or understand a language other than English? Yes / No If yes, what language?

- 2.) What are some of your child's strengths?
- 3.) What are some of your child's interests?
- 4.) How does your child get along with other children?
- 5.) My child usually sleeps from \_\_\_\_\_ in the evening until \_\_\_\_\_ in the morning.  
Please describe any typical sleeping routines.
- 6.) Has your child previously attended daycare/preschool? Yes / No
- 7.) If yes, where? \_\_\_\_\_
- 8.) Please describe recent family events or changes (i.e. death, divorce, new sibling, moving) that may have an impact on your child's school experience.
- 9.) Check the following characteristics/behaviors that describe your child which may impede his/her learning:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> aggression (hitting, biting, etc) | <input type="checkbox"/> stubbornness              | <input type="checkbox"/> excessive fears          |
| <input type="checkbox"/> temper tantrums                   | <input type="checkbox"/> moodiness                 | <input type="checkbox"/> nervousness/worries      |
| <input type="checkbox"/> short attention                   | <input type="checkbox"/> impulsivity/hyperactivity | <input type="checkbox"/> excessive crying/sadness |
| <input type="checkbox"/> extreme shyness                   | <input type="checkbox"/> other Explain:            |   |
- 10.) Do you have any concerns about your child's development (circle all that apply): speech, language, academic, physical/motor, or social skills? Explain further below.
- 11.) Do you have other concerns about your child entering 4K program at this time? Yes / No If yes, please explain.
- 12.) Is there anything else you would like the teacher to know about your child?
- 13.) Would you like to become involved in the 4K classroom? Yes / No  
Are you interested in helping in any particular area? What days or hours are you available?