BROOKSIDE • HIDDEN VALLEY • MANOR • WADE THOMAS • WHITE HILL

TRANSITIONAL KINDERGARTEN STUDENT INFORMATION SHEET 2018-19 SCHOOL YEAR

Dear Parent/Guardian,

14. Names and ages of siblings

15. What does your child's bedtime routine look like?

Please complete the following questionnaire to help us become better acquainted with your child:

Date				Home Phone Number				
1.	Child's Name			Gender	Date			
2.	2. Parent/Guardian Name(s) (Child lives with)							
	Relationship	Mother/s	Father/s	Stepfather	Stepmother	Guardian	Custodian	
3.	Address				Pho	ne #		
4.	Parent/Guardian Name(s) (Child does not live with)							
	Relationship	Mother/s	Father/s	Stepfather	Stepmother	Guardian	Custodian	
5.	Address Phone #							
Pa 6.	rent/Guardian	Work Informa	ation					
7.	Relationship			Work Phone #				
8.	Employed by (name & address)							
9.	Name							
10.	Relationship			Work Phone #				
11.	Employed by (name & addre	ess)					
12.	Do you speak another language other than English in your home?							
	Yes No)		If Yes, which	language?			
13. If you want your child to be known by a shortened variation or nickname rather than							his/her "formal" name,	
	please write th	e name here						

17.	What types of consequences and incentives do you use to redirect your child's behavior?							
18.	Does your child having any diagnosed disability which could affect his/her learning (examples: ADD, autism of other spectrum disorder, physical disability, sensory processing disorder)?							
19.	Is there another child your child learns best with and/or should be separated from?							
20.	Has your child had pre-school experience? Yes No							
	If Yes, how many hours per day? At what age did s/he begin?							
	Name of Pre-School							
	Name of teacher School Phone #							
21.	If no pre-school experience, has your child had childcare experience? Yes No							
22.	What does your child like to do at home?							
	at pre-school or with childcare?							
23.	What is your child's order of birth in your family?							
24.	What pleases you most about your child's development?							
25.	What concerns you most about your child's development?							
26.	How does your child feel about coming to Kindergarten? Apprehensive Not sure Excited							
	Dominant Side Left Right Ambidextrous What are your expectations for your child's Kindergarten experience?							

16. What responsibilities does your child have at home (ie. dressing oneself, picking up toys, etc.)?