

KINDERGARTEN STUDENT INFORMATION FORM  
Schofield Elementary School

Dear Parents and Guardians,

In order to assist us in providing a smooth transition to Kindergarten for your child, **please complete this form and return it to Schofield School.** All information provided will be confidential and shared with school staff only.

**General Information**

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Address: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Siblings' Names & Ages: \_\_\_\_\_

Names/Relationships of others who live with your child and/or care for your child on a regular basis: \_\_\_\_\_

What is your most important goal for your child in Kindergarten? \_\_\_\_\_

\_\_\_\_\_

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**Social and Emotional Development**

1) Does your child separate easily from you? \_\_\_\_\_ If not, please explain:

\_\_\_\_\_

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2) How does your child deal with experiences that s/he may find frustrating or difficult?

\_\_\_\_\_

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3) What do you consider your child's greatest strengths?

\_\_\_\_\_

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4) In what area(s) do you feel your child may need support?

\_\_\_\_\_

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5) Does your child have any food or medication allergies or intolerances? \_\_\_\_\_ If so, please list:

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Please turn over to complete side 2



6) Please indicate any medical issues \_\_\_\_\_ that your child may have (frequent middle ear infections, vision concerns, other medical concerns, etc.).

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7) Has your child been evaluated and/or received support for special needs such as language, motor skills, learning, social development, etc.? \_\_\_\_\_ If so, please explain:

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8) Does your child have any particular worries or fears? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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9) Please describe your child's activity / energy level.

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10) Did your child participate in a preschool program? \_\_\_\_\_ If so, where and for how long?

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11) Please describe your child's preschool experience (if any) and, if possible, attach a copy of your child's preschool progress report.

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### Language and Communication

1) Can your child follow one or two step directions? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

2) Does your child speak in complete sentences? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

3) Does your child verbally express needs, thoughts and feelings? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

4) Can your child relate a story or personal experience including details and accurate sequence?  
\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

5) Can people outside your home understand your child's speech? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

6) Can your child listen to others without interrupting? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

7) Is your child's speech delayed or not fluent? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

8) Does your child stutter? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

Is there anything else that you would like to share with us about your child? We welcome all of your thoughts and comments:

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Thank you for taking the time to complete this form. We look forward to meeting you and your child.  
The Schofield Kindergarten Team