

Date: _____

Child Information Sheet (for children entering kindergarten)

Child's name: _____
Last First Middle Initial

Birth date: _____ / _____ / _____
Month Day Year

Parent's name: _____
Last First Middle Initial

Phone number: _____

Parent signature: _____

Please check the answer that most closely matches this child's current abilities.

APPROACHES TO LEARNING

	Yes	Some times	Not Yet
Persistence: demonstrates care and persistence when working on a task			
Demonstrates an ability to: (circle below all that apply) show initiative accept help take risks work towards completing tasks			
Self-organization: understands a task as a series of steps			
Reasoning: tries different ways to solve a problem			
Application: uses prior knowledge to understand new experiences			
Curiosity: shows interest, asks questions, and adds ideas about the world around them			

SOCIAL AND EMOTIONAL DEVELOPMENT

	Yes	Some times	Not yet
Self-Concept: begins to be able to separate from familiar people, places and things			
Self-Control: demonstrates an increased understanding and acceptance of rules and routines within the learning environment			
Demonstrates progress in the capacity to express feelings, needs and opinions			
Interactions with Others: plays, works and interacts easily with one or more children and adults			
Develops ability to take turns in activities			
Sense of Community: begins to respect the rights of others			
Participates in the care of the learning environment			
Appreciates and demonstrates respect for the work of others			

LANGUAGE DEVELOPMENT

	Yes	Some times	Not Yet
Listening and Understanding: listens and understands stories, songs and poems			
Listens and increasingly understands conversations and questions			
Follows directions that involve multiple steps			
Speaking and Communication: communicates needs or thoughts through non-verbal gestures, actions, expressions and words			
Communicates clearly enough to be understood by unfamiliar listeners			
Understands an increasingly complex and varied vocabulary			

LITERACY

	Yes	Some times	Not Yet
Early Writing: begins to print letters in own name			
Uses scribbles, shapes, letter-like symbols and letters to write or represent words or ideas			

Based on the Rhode Island Early Learning Standards

Early Reading	Yes	Some times	Not Yet
Phonemic and Phonological Awareness: shows the ability to identify sounds of letters and understands the connection between sounds and letters			
Recognizes and repeats rhymes			
Book Knowledge and Appreciation: handles and cares for books in a respectful manner			
Comprehension: attempts to tell/retell stories in books using pictures			
Connects information to familiar experiences when being read a story			
Print Awareness and Concepts: recognizes own name in print			
Recognizes letters and words in their surroundings			
Shows an increasing awareness of how books are organized			
Alphabet Knowledge: knows the names of some letters			
Knows the names of most letters in own name			

MATH	Yes	Some times	Not Yet
Numbers: uses numbers and counts			
Geometry and Spatial Sense: knows names of some shapes			
Understands words that describe the position of an object (e.g. on top of, next to, in front of, above, behind, on the bottom)			
Patterns: demonstrates ability to match, sort and group objects by: (circle below all that apply) color size shape			
Recognizes and/or can repeat a pattern			

PHYSICAL HEALTH AND DEVELOPMENT	Yes	Some times	Not Yet
Gross Motor: Demonstrates control, balance and coordination			
Fine Motor: Demonstrates eye-hand coordination			
Shows increased awareness of tools, such as: (circle below all that apply) pencil crayon scissors small objects			
Self-help skills: Demonstrates ability to perform self-help skills such as: (circle below all that apply) zipping pants and coats toileting washing hands eating			

Is there anything else that would be helpful for the kindergarten teacher to know about this child?

Person filling out this form: _____
Last
First
Middle Initial

Organization: _____ Title: _____
School, Center, Home Care

Phone number: _____ E-mail: _____