

## **KINDERGARTEN Intake Form**

The following information will help us when making balanced classes for all kindergarten children. All information will be shared with only the kindergarten teachers. Thank you for your help.

**Student Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

1. Do you currently have another child attending Bridlemile Yes          No

2. How does your child handle changes in routines/transitions?

Smoothly                  It's a challenge

3. Does your child easily separate from parents (say goodbye)?

Yes                          No

4. Describe your child's preschool experience. Circle all that apply:

Full day          Half-day          Part time          Daily          Did not attend

Play Based      Academic      Outdoor      Montessori      Highly Structured

5. What preschool did he/she attend? \_\_\_\_\_

6. What friends will be attending from the same school? \_\_\_\_\_

\_\_\_\_\_

7. Was your child eager to go to preschool each day?

Yes                          No                          Sometimes

8. Circle the following tools your child has worked with:

Scissors          crayons          pencil          glue stick

9. Does your child enjoy drawing or coloring?

Yes                          No                          Sometimes

10. What does your child do when listening to stories?

Sit quietly                  Move around                  Not interested

***Continued on Back.....***

11. Does your child enjoy looking at books independently and/or with you?

Yes

No

12. How often do you read with your child?

Daily

1-2 days/week

Rarely

13. Can your child write his/her name independently?

First only

First and Last

Not either yet

14. Does your child have any allergies to any food or medications? No Yes (if yes, please list)

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15. Any Medical diagnosis that would apply to your child's education needs? No Yes (if yes please explain)

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16. Does your child have an IEP, 504 Plan or other needs: motor, speech, language, behavior/attention, sensory, etc. that we should be aware of?

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17. Please share any other comments about your child that may assist us in making the best classroom placement:

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