

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 _____ Preferred Name _____
Gender _____ Child's Preferred Pronouns: _____ Race/ethnicity: _____
Birth Date _____ Parent/Guardian _____
Phone _____

Do you currently have another child attending Bridlemile? Y N If yes: _____

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

Smoothly It's a challenge

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

Yes No

3. 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

4. What preschool(s) did he/she attend? _____

NOTE: for the google form, add a drop down menu for the guardian to select multiple answers as applicable: Pipster Prep, Funny Farm, Multnomah Playschool, Little Olive, PDX MC (Portland Montessori Collaborative), Vermont Hills, Gabriel Park, Childroots Montessori, other: ____

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

Yes No Sometimes

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

Scissors crayons pencil glue stick

7. Does your child enjoy drawing or coloring?

Yes

No

Sometimes

8. Which hand does your child tend to use for coloring, writing, etc.? Left, right, both, don't know.

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

Sit quietly

Move around

Not interested

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

Yes

No

11. How often do you read with your child?

Daily

1-2 days/week

Rarely

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

First only

First and Last

Not either yet

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

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

15. Does your child have an IEP, 504 Plan or other needs: motor, speech, language, behavior/attention, sensory, etc. that we should be aware of? You may share any family history of learning differences, such as dyslexia, if you like.

16. If there is a friend from preschool or the neighborhood that you think would help your child have a successful transition into Kindergarten, please list them here. There is no guarantee of shared placement.

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