**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 \_\_\_\_\_\_\_\_ 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 did he/she attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
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

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8. What does your child do when listening to stories?  
  
 Sit quietly Move around Not interested

9. Does your child enjoy looking at books independently and/or with you?   
  
 Yes No

10. How often do you read with your child?  
  
 Daily 1-2 days/week Rarely  
  
11. Can your child write his/her name independently?  
   
 First only First and Last Not either yet  
  
12. Does your child have any allergies to any food or medications? No Yes (if yes, please list)   
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13. Any Medical diagnosis that would apply to your child’s education needs? No Yes (if yes please explain)  
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14. 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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15. Please share any other comments about your child that may assist us in making the best classroom placement:

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