



Kindergarten Round-Up Profile

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****IMPORTANT**** In order to gain information about your child, it is important for you to fill this form out with as much detail as possible. This will better help us to place your child.

PLEASE MAKE SURE TO BRING THIS COMPLETED FORM WITH YOU TO KINDERGARTEN ROUND-UP.

Child's Last Name _____ First Name _____

Boy / Girl (please circle) Age _____ Birthday _____

Please check Yes or No or fill in answers as needed

	Yes	No
<p>Language Development</p> <p style="text-align: right;">Has your child ever had a speech/language evaluation?</p> <p style="text-align: right;">Has your child ever received speech/language therapy?</p> <p>*If YES, please list where? _____ How long? _____</p> <p style="text-align: right;">Does your child express himself/herself clearly?</p>	<p>_____</p> <p>* _____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Preschool</p> <p style="text-align: right;">Has your child ever attended a preschool program?</p> <p>*My child attended: _____ (Name of preschool)</p> <p>_____</p> <p>(Days per week attended)</p> <p style="text-align: right;">Circle all that apply: 3yr old / 4 yr old / Pre K</p>	<p>* _____</p>	<p>_____</p>
<p>Self-Help / Small Muscle Skills</p> <p style="text-align: right;">Does your child:</p> <p style="text-align: right;">Write his/her name</p> <p style="text-align: right;">Hold a pencil comfortably</p> <p style="text-align: right;">Color</p> <p style="text-align: right;">Cut appropriately with scissors</p> <p style="text-align: right;">Take care of own clothing (dressing: snap, button, tie shoes, zip)</p> <p style="text-align: right;">Need to be reminded to go to the bathroom</p> <p style="text-align: right;">Have frequent soiling or wetting accidents</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Academic</p> <p style="text-align: right;">Do you have academic concerns about your child?</p> <p>*If YES, please explain:</p>	<p>* _____</p> <p>_____</p>	<p>_____</p>

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Child's Last Name: _____ First Name: _____

	Yes	No
<p>Behavioral/Emotional</p> <p style="text-align: right;">Do you have behavioral concerns about your child?</p> <p>*If YES, please explain:</p>	* _____	_____
<p>Does your child have any strong fears (ex: storms, the dark, loud noises, separation from parent)?</p> <p>*If YES, please explain:</p>	* _____	_____

My Child:	Never	Sometimes	Often	Always
Can follow directions				
Makes friends easily				
Uses the bathroom without help				
Says his/her full name (first and last)				
Stays on task for 5-10 minutes				
Enjoys listening to stories				
Asks for help if needed				
Plays well with peers				
Moves from one activity to another easily				
Manages frustrations appropriately				
Respectfully complies with adults				
Takes responsibility for own actions				
Is willing to try new things				

How would you describe your child? (Please feel free to write on the back of this form or attach another sheet)

Form Completed By: _____ Date: _____

Relation to Child: _____

Other Siblings attending Queensbury School: _____
(Please list names)

Thank you for your help! We look forward to seeing you very soon!