



KINDERGARTEN STUDENT INFORMATION SHEET

DATE: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

DIRECTIONS: To help us better understand your child's learning profile and readiness for school, answer the following questions based on your observations. Answer with an "Always", "Sometimes", or "Rarely".

	ALWAYS	SOMETIMES	RARELY
1. Puts together simple puzzles	☐	☐	☐
2. Can trace a square, cross & circle	☐	☐	☐
3. Knows how to zip & button	☐	☐	☐
4. Prints or recognizes first name	☐	☐	☐
5. Is independent with toileting & self care needs	☐	☐	☐
6. Can be separated from parents for up to ¾ hour without becoming upset	☐	☐	☐
7. Shows curiosity & interest about school	☐	☐	☐
8. Demonstrates co-operative play skills with other children (i.e. sharing, taking turns)	☐	☐	☐
9. Sits quietly in a group	☐	☐	☐
10. Enjoys being read to	☐	☐	☐
11. Enjoys active games & sports	☐	☐	☐
12. Speech is clear & easily understandable	☐	☐	☐
13. Shows interest in working with crayons & scissors	☐	☐	☐
14. Can follow a three-step simple direction	☐	☐	☐
15. Pays attention to short stories read aloud & can answer simple questions	☐	☐	☐
16. Volunteers comment while in a group	☐	☐	☐

17. Has your child ever received or does your child currently receive support from any of the following services:

a. Speech & Language Therapy ☐

b. Occupational Therapy ☐

c. Physiotherapy ☐

d. Other ☐

If yes, please provide some brief comments below:

18. Has your child ever been recommended to have a professional assessment done (such as a speech & language assessment, occupational therapist assessment, psychology assessment, developmental assessment, etc.)? ☐

If yes, has a report been submitted with the application? ☐

Please give some brief comments below:

19. Does your child have a diagnosis of any kind (eg. special needs)? ☐

If yes, please give some brief comments below:

20. Did your child attend a preschool? ☐ If yes,

how long?

how often?

ANY OTHER INFORMATION ABOUT YOUR CHILD: