



WESTWOOD PUBLIC SCHOOLS

Honoring Tradition, Inspiring Excellence, Shaping the Future

ABIGAIL C. HANSCOM
Director of Student Services

Dear Parent/Guardian:

Welcome to Kindergarten!

We would like you to help us learn about your child. The following questions concern your child's everyday behavior, growth and development, and medical history. You know your child best, so your careful answer to each question is important to us.

If you have any questions or concerns, please do not hesitate to call the principal of the school where you are registering your child. There will also be additional opportunities to talk with us during the kindergarten registration activities.

Thank you for your cooperation in filling out this survey. We hope that this is the beginning of our partnership in educating your child.

Sincerely,

Abigail C. Hanscom
Director of Student Services

If you need this document translated, please call the Westwood Public Schools' Student Services Department at 781 326-7500 x1345 or email your request to lpouffe@westwood.k12.ma.us Thank you.

如果您需要翻译本文件，请致电Westwood的公立学校的学生服务部在781 326-7500 x1345或电子邮件您的要求
lpouffe@westwood.k12.ma.us 谢谢你。

على أو 781 326-7500 x1345 في الطلابية الخدمات' ويستوود العامة المدارس إدارة على الاتصال يرجى ، المترجمة الوثيقة هذه الى بحاجة
إذا كنتشكرا لطلب. لك lpouffe@westwood.k12.ma.us بك الخاص الاللكتروني البريد

Если вам нужен этот документ переводится, пожалуйста, позвоните Вествудгосударственных школах "Студенческие службы Департамента по
781 326-7500 x1345или по электронной почте запрос на lpouffe@westwood.k12.ma.us Спасибо.

PRESCHOOL EXPERIENCE SURVEY

Name of child _____

Name child likes to be called _____

Birthdate _____

Address _____

Parent/Guardian's Name _____

Occupation _____

Parent/Guardian's Name _____

Occupation _____

Who is completing this survey?

- Father
- Mother
- Other

Date _____ Home school

Please send/bring this completed survey to the front desk of your child's school. If you are unsure what school your child is attending, please use the District's website for additional information.

Developmental History

1. This child is number _____ out of a total of _____ children in your family.

Children

Name _____ Age _____ Grade _____

2. Other adults and/or children living in the home (other than your own children and spouse)

3. Have any family members experienced difficulty with the following?

Speech _____

Reading _____

Mathematics _____

Spelling _____

Birth weight

Caesarean _____

Premature _____ Number of weeks _____

Overdue _____ Number of weeks _____

Birth injuries _____

Health

Please check areas that apply to your child and comment.

Tires easily _____

Requires little sleep _____

Quiet, limited energy _____

Frequent colds _____

Ear infections _____

Bedwetting _____

Soiling _____

Allergies/asthma _____

Extremely active _____

- Headaches _____
- Poor appetite _____
- Regular medication; please list _____
For what reason _____
- Hospitalizations; ages _____
Reasons and length of stay _____
- Illnesses; ages _____
- Accidents; ages _____
- Convulsions and seizures; ages _____
- Physical problems (hearing, vision, other) _____
- Wears glasses _____
- Uses hearing aids _____
- Uses cane/walker/scooter/wheelchair _____

Early Development

Please record the age at which your child accomplished the following:

Sat alone _____

Began to walk _____

First words _____

Two or three sentences _____

Fed self completely _____

Toilet trained _____

Rode tricycle _____ ; any difficulty?

Crawl _____

Did your child have any particular or unusual developmental problems? _____

Explain _____

Present Development

Does your child

- Y N Pay attention to the reading of a short story?
- Y N Answer simple questions or talk about the story?
- Y N Converse easily with family and friends?
- Y N Baby talk?
- Y N Lisp?
- Y N Speak in generally clear speech?
- Y N Hesitate or frequently repeat?

Y N Speak so someone unfamiliar with your child would understand his/her speech?

Describe any speech or language problems you think your child might have.

- Y N Respond quickly to your voice from a short distance?
 - Y N Have trouble listening, attending, or hearing?
 - Y N Have many friends?
 - Y N Usually prefer to play alone?
 - Y N Join group activities?
 - Y N Cry easily?
 - Y N Suck thumb?
 - Y N Bite nails?
 - Y N Cling to parent/family member/caregiver in new situations?
 - Y N Stick to a task once started?
 - Y N Show motivation to try something new?
 - Y N Usually prefer to be with adults?
 - Y N Share easily?
 - Y N Have nightmares?
 - Y N Have temper tantrums?
 - Y N Daydream?
 - Y N Exhibit moody behavior?
 - Y N Do you have any particular behavior management difficulties with your child? If yes, please describe.
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What are your child's feelings about entering kindergarten?

Can your child?

- Y N Draw and color beyond a simple scribble?
- Y N Tie a knot?
- Y N Zip a zipper?
- Y N Fasten buttons they can see?
- Y N Dress themselves?
- Y N Hop?
- Y N Alternate feet, walking downstairs?

- Y N Use scissors for rough cutting?
 - Y N Write their name?
 - Y N Does your child enjoy coloring or tablework activities?
Which hand does your child use to eat with? _____ If you are unsure, please explain
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Describe your child's movement pattern (e.g., awkward, clumsy, agile, active, quick, slow, hesitant, sure, on the go, quiet).

Can your child?

- Y N Take care of his/her toilet needs by him/herself?
- Y N Be away from you for 2 or 3 hours without being upset?
- Y N Demonstrate street safety (does not run into the street, looks both ways - alone or with you)?

Previous School Experience

Name and address of school

Dates and number of days/week

How did your child adapt to preschool?

What do the teachers report about your child's experience in preschool?

Describe any special interests, talents, or intense dislikes characteristic of your child at this stage.

Please provide any additional information about your child that you feel would aid his/her adjustment.
