



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 اذا كنتشكرا [طلب](mailto:lpouffe@westwood.k12.ma.us) لك. lpouffe@westwood.k12.ma.us بك الخاص الالكتروني 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 bring this completed survey with you when you register your child at his or her school.

Developmental History

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

Children

Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
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.

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 s/he can see? _____

Y N Dress him/herself? _____

Y N Hop? _____

Y N Alternate feet, walking downstairs? _____

Y N Use scissors for rough cutting? _____

Y N Write his/her 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

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.

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name	Middle Name	Last Name	Gender
Country of Birth	/ / Date of Birth (mm/dd/yyyy)	/ / Date first enrolled in ANY U.S. school (mm/dd/yyyy)	

School Information

/ /20 Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade
--	--------------------------------	---------------

Questions for Parents/Guardians

<p>What is the native language(s) of each parent/guardian? (circle one)</p> <p>_____ (mother / father / guardian)</p> <p>_____ (mother / father / guardian)</p>	<p>Which language(s) are spoken with your child? (include relatives -<i>grandparents, uncles, aunts, etc.</i> - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>What language did your child first understand and speak?</p>	<p>Which language do you use most with your child?</p>
<p>Which other languages does your child know? (circle all that apply)</p> <p>_____ speak / read / write</p> <p>_____ speak / read / write</p>	<p>Which languages does your child use? (circle one)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>Parent/Guardian Signature:</p> <p>X</p>	<p style="text-align: center;">/ /20</p> <p>Today's Date: (mm/dd/yyyy)</p>