

Kindergarten Input Form

Student Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Gender: Male Female Date of Birth: _____ Ethnicity: _____

Has your child attended preschool? Yes No

If YES, which preschool? _____

If NO, who provided child care over the last year? _____

At what age did your child begin to talk? _____

Your child currently communicates using.....Please check all that apply:

body language (pointing, sign language, gestures)

sounds (vowels, grunting)

words (shoe, doggy, up)

2 to 4 word sentences

sentences longer than four words

other _____

Has your child ever struggled to remain in a preschool program? If YES, why? _____

Does your child exhibit any of the following at home? Please check all that apply:

Extreme, prolonged tantrums

Aggressive behavior

Frequent emotional disconnect (refusal to engage)

Additional Comments (facts about child, likes, dislikes, etc.)