

Hamden Public Schools Preschool Information Form

Dear Parent/Guardian,

The information we are seeking will assist your child's kindergarten teacher in planning appropriate learning and social activities. Please sign below and **give this form to your child's Preschool/Child Care Provider to complete** and return to the Hamden Public Schools.

I give permission for _____ to complete this form and share the information with the Hamden Public Schools. (Name of Preschool/Child Care Provider)

Name of Student: _____ Address _____ Phone Number: _____

Date of Birth _____ Parent's/Guardian's Signature: _____ Date: _____

Does your child speak English? yes no Language(s) your child speaks at home: _____

Please circle the Hamden public elementary school your child will be attending:

Bear Path 10 Kirk Road Hamden, CT 06514	Church Street 95 Church Street Hamden, CT	Dunbar Hill 315 Lane Street Hamden, CT 06514	Helen Street 285 Helen Street Hamden, CT 06514	Ridge Hill 120 Carew Road Hamden, CT 06517	Shepherd Glen Skiff Street Ext. Hamden, CT 06514	Spring Glen School 1908 Whitney Ave Hamden, CT 06517	West Woods 350 W. Todd St. Hamden, CT 06518
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If your child will not be attending kindergarten at one of the schools listed above, please provide the address of the school where he/she will be attending:

Preschool/Child Care Provider _____ Phone Number: _____

By the time this child enters kindergarten he/she will have attended this program for ____ years and ____ months. During this past year this child attended ____ hours ____ days/week.

Teacher: Place an next to those skills/behaviors that the child displays on a consistent basis.

Social Emotional Develop:

- | | | |
|---|--|--|
| <input type="checkbox"/> Socializes/Plays with other children | <input type="checkbox"/> Knows first and last name | <input type="checkbox"/> Communicates emotions appropriately |
| <input type="checkbox"/> Seeks adult assistance when needed | <input type="checkbox"/> Maintains self-control | <input type="checkbox"/> Shares with others <input type="checkbox"/> Takes turns |
| <input type="checkbox"/> Appropriate response to authority | <input type="checkbox"/> Transitions easily | <input type="checkbox"/> Adjusts to new situations appropriately |
| <input type="checkbox"/> Follows simple directions | <input type="checkbox"/> Participates appropriately during group times | |
| <input type="checkbox"/> Uses classroom materials appropriately | | <input type="checkbox"/> Follows classroom routines |

Language and Early Literacy Skills:

How many UPPERCASE letters out of 26 can child identify? ____ How many LOWERCASE letters out of 26 can child identify? ____

- Identifies printed name: first name last name Asks questions/answers questions to clarify thinking
- Answers questions about stories Points to pictures in a book when asked about the characters or objects
- Tells about the events of his/her day Engages in conversation Retells stories

Drawing and Writing:

- Writes own first name Draws letter like shapes to convey meaning Draws some recognizable objects

Cognition:

- Recognizes basic colors Problem solving skills Shows initiative and curiosity
- Task persistence Can sort objects by attribute (color, shape, size etc) Is able to complete simple puzzles

Mathematics:

- Identifies numbers to 10 Counts objects to 10 Recognizes circle, square, triangle, rectangle

Physical Development- Gross/Fine Motor:

- Able to cut with scissors Able to control pencil and crayon Able to build with blocks Cares for own toilet needs
- Participates in physical activity Respects self and others in physical activity

Child's Strengths: _____

Child is working on: _____

Has this child received special support services or were they referred for services? yes no If yes, please explain:

Please have this child draw a picture of him/herself or another person, write their name on the paper and attach it to this form

Teacher's Signature: _____ Date: _____

Please put additional information that would be helpful to the kindergarten teacher on the back side. →→→→→→→→→→→→→→→→