

## Country View Elementary School Family Insight Form for Kindergarten

Please complete to the best of your ability and return it to Country View. Your answers are confidential. Thank you.

Student's Name (First, Middle, Last):

My child likes to be called:

Birth Date:

Parent/Guardian Name(s):

Address:

Phone:

Health Concerns:

Current Medications:

### Note learning environments in which your child has participated.

	Where?	How long?
Early Childhood		
Pre-K/4-Year Old K		
Head Start		
Preschool		
Daycare		
Other		

### Who lives in your home? (siblings, family members, etc.)

Name	Relationship to Child	Age

### Has your child been considered for any of the following? (Please check all that apply)

<input type="checkbox"/>	Speech and Language
<input type="checkbox"/>	Occupational or Physical Therapy
<input type="checkbox"/>	English as a Second Language
<input type="checkbox"/>	Sensory Integration
<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	Other:

**Select the letter that most accurately describes your child's performance.**

**A** = Not Yet

**B** = Some of the time

**C** = Most of the time

**D** = Consistently

**Social Skills**

- |   |   |   |   |   |
|---|---|---|---|---|
| A | B | C | D | Follows directions                                    |
| A | B | C | D | Does task when asked the first time                   |
| A | B | C | D | Finishes one activity before starting another         |
| A | B | C | D | Recognizes and respects adults in charge              |
| A | B | C | D | Separates from parent/guardian without becoming upset |
| A | B | C | D | Plays cooperatively (i.e., shares toys)               |
| A | B | C | D | Solves problems without hitting, screaming, etc.      |
| A | B | C | D | Listens to stories without interrupting               |
| A | B | C | D | Can work or play by himself/herself for 15 minutes    |

**Academic Skills**

- |   |   |   |   |   |
|---|---|---|---|---|
| A | B | C | D | Reads name  |
| A | B | C | D | Writes first name without help                                    |
| A | B | C | D | Names letters in name   |
| A | B | C | D | Listens to short story (10 minutes or more)                       |
| A | B | C | D | Identifies basic colors: red, yellow, blue, orange, green, purple |

**Literacy Skills - Check the category that best describes your child.**

**Interest in Books**

- Shows little interest in books and/or reading
- Shows interest in books for a short period of time
- Likes to be read to frequently for 15 minutes or more
- Can read independently

**Alphabet Knowledge**

- Does not yet know letters of the alphabet
- Knows some letters of the alphabet when they are in ABC order
- Knows most of the letters of the alphabet when they are not in ABC order
- Knows all the letters of the alphabet when they are not in ABC order

**It would help the kindergarten teacher to know the following about my child:**