

Student Information Sheet

Student's Full Name: _____

Date of Birth: ____ / ____ / ____

D.C. EVEREST AREA SCHOOL DISTRICT
6300 ALDERSON STREET
WESTON, WI 54476

Purpose: D.C. Everest Schools recognize that parents can provide a wealth of information regarding the development of their child. As an important part of your child's Kindergarten registration we ask that you complete the following questionnaire. Thank you.

Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Personal/Speech

Can your child tell others his/her

1. first and last name?.....
2. age?.....
3. street address (if applicable)?.....
4. birth date.....
5. telephone number (if applicable)?.....

No	Uncertain	Yes

Beginning Academic Skills

Does your child

6. like to be read to?.....
7. name eight colors?.....
8. independently count aloud to 10?.....
9. recognize and name numbers 1-5?.....
10. recognize and name numbers 1-10?.....
11. understand the concept of 1 item, 2 items, 3, 4, 5?.....
12. recognize some lowercase (non-capital) letters? (see back).....
13. recognize some uppercase (capital) letters? (see back).....
14. correctly answer questions about a picture?.....
15. understand stories that are read to him or her?.....

No	Uncertain	Yes

Visual- and Fine-Motor Skills

Does your child

16. recognize his/her name in print?.....
17. copy a circle and a plus sign?.....
18. print his/her first name?.....
19. print his/her last name?.....
20. draw pictures that are recognizable?.....
21. try to stay within the lines when coloring a picture with crayon?.....
22. use scissors to cut paper?.....
23. successfully complete arts and crafts projects appropriate for age?.....
24. assemble puzzles appropriate for age?.....
25. build a 4-6 block tower?.....

No	Uncertain	Yes

Gross Motor Skills

Does your child

26. Catch a ball tossed underhanded?.....
27. Throw a ball to another person?.....
28. Seem clumsy or awkward?.....

No	Uncertain	Yes

Dominance/Laterality

Does your child consistently

29. use the same hand when holding a spoon and when coloring?.....
30. know his/her right hand and left hand?.....
31. Which hand does your child most frequently use when holding a spoon or coloring?.....

	No	Uncertain	Yes
right			Left

Self-Help Skills

Does your child

32. dress himself/herself?.....
33. button his/her clothing?.....
34. independently care for his/her own toileting needs?.....
35. tie his/her shoes?.....
36. know which shoe goes on which foot?.....
37. usually take care of personal items (coat, mittens, shoes)?.....

No	Uncertain	Yes

Social Skills

Does your child

38. use eye contact when listening/talking to others?.....
39. greet others without parent prompt and in an appropriate manner?.....
40. usually share and take turns willingly?.....
41. usually play well with at least one child?.....
42. willingly and cooperatively participate in a small-group activity or game?.....
43. show concern for using materials and equipment safely and appropriately?.....

No	Uncertain	Yes

Emotional/Self-Reliance

Does your child

44. willingly participate in a new activity?.....
45. usually make an effort to solve problems before seeking help?.....
46. usually stay with an activity without receiving constant attention and encouragement from an adult?.....
47. usually continue a task until completed or until it is time to stop?.....
48. usually accept limits or rules set by an adult?.....
49. usually seem happy?.....
50. accept your absence?.....
51. show pride in his/her accomplishments?.....
52. tend to worry?.....
53. seem overly shy or withdrawn?.....
54. seem to be easily distracted?.....
55. act before thinking?.....
56. seem exceptionally active?.....
57. seem to challenge you or your parenting style?.....

No	Uncertain	Yes

Speech

Does your child

58. express his/her wants/needs verbally and in an appropriate way?.....
59. have speech that is understandable?.....
60. speak in sentences of four or more words?.....
61. follow 1 and 2 step directions?.....
62. understand what you say to him?.....

No	Uncertain	Yes

Medical/Developments

	Yes	No
63. Were there any complications with the pregnancy?.....		
64. Were there any complications during the delivery?.....		
65. Were there any complications in the weeks following delivery?.....		
66. Has your child experienced severe or chronic ear infections?.....		
67. Have members of your extended family had difficulties learning?.....		
68. Have members of your extended family had attention challenges?.....		
69. Have members of your extended family had speech/language challenges?.....		
70. Has your child ever been evaluated or treated by a community counselor, psychologist, psychiatrist, neurologist?..... If so, are there reports or recommendations that the school psychologist or counselor needs to be aware of?.....		
71. Are there any past or present medical conditions, injuries, traumas, allergic reactions, or medication regimes that the school needs to be aware of (for example, family deaths, traumas, seizures, allergies...)? If so, please list below.		

	yes	no	how long
72. Has your child participated in a			
a) home day care program?.....			
b) community day care program?.....			
c) preschool program?.....			
d) Head Start?.....			
e) Birth-to-Three program?.....			
f) other?.....			

73. Do you have any concerns about your child's (please check any/all that are of concern):
 ___hearing; ___vision; ___speech; ___behavior; ___motor skills; ___learning.

74. Please add any additional information that will help us get to know your child:

y	d	j	m	p	f	u	k	i
l	o	v	n	b	w	x	c	s
e	z	g	q	a	r	h	t	
S	L	K	H	W	D	Y	Q	N
E	R	G	F	Z	A	C	V	T
B	I	U	J	X	M	O	P	

Thank you.