ROSS VALLEY SCHOOL DISTRICT
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TRANSITIONAL KINDERGARTEN STUDENT INFORMATION SHEET
2017-2018

Dear Parent/Guardian,

Please complete the following questionnaire to help us become better acquainted with your child:

Date: _____ Home Phone Number: _____

1. Child's Name: _____ Gender ____ Date of Birth _____
2. Parent/Guardian Name(s) (Child lives with): _____
   Relationship: ☐Mother/s ☐Father/s ☐Stepfather ☐Stepmother ☐Guardian ☐Custodian
3. Address: _____ Phone # _____
4. Parent/Guardian Name(s) (Child does not live with): _____
5. Relationship: ☐Mother/s ☐Father/s ☐Stepfather ☐Stepmother ☐Guardian ☐Custodian
   Address: _____ Phone # _____
6. Parent/Guardian Work Information:
   Name_____
7. Relationship _____Work Phone # _____
   Employed by (name & address): _____
8. Name_____
9. Relationship _____Work Phone # _____
   Employed by (name & address): _____
10. Do you speak another language other than English in your home?
    Yes ☐ No ☐ If 'yes', which language? _____
11. If you want your child to be known by a shortened variation or nickname rather than his/her "formal" name, please write the name here _____
12. Names and ages of siblings: _____
    _____
13. What does your child's bedtime routine look like?

14. **What responsibilities does your child have at home (ie. dressing oneself, picking up toys, etc.)?**

15. **What types of consequences and incentives do you use to redirect your child's behavior?**

16. **Does your child having any diagnosed disability which could affect his/her learning (examples: ADD, autism or other spectrum disorder, physical disability, sensory processing disorder)?**

17. **Is there another child your child learns best with and/or should be separated from?**

18. **Has your child had pre-school experience? Yes ☐ No ☐**

    If Yes, how many hours per day? _____ At what age did s/he begin?_____
    Name of Pre-School _____
    Name of teacher _____ School Phone # _____

19. **If no pre-school experience, has your child had childcare experience?** Yes ☐ No ☐

20. **What does your child like to do at home?**_____

    at pre-school or with childcare? _____

21. **What is your child's order of birth in your family?** _____

22. **What pleases you most about your child's development?** _____

    _____

23. **What concerns you most about your child's development?** _____

    _____

24. **How does your child feel about coming to Transitional Kindergarten?**

    Apprehensive? ☐ Not sure? ☐ Excited? ☐

    Comment(s) _____

    _____

25. **Dominant Side** ☐ Left ☐ Right ☐ Ambidextrous

26. **What are your expectations for your child's Transitional Kindergarten experience?**