KINDERGARTEN SCREENING INFORMATION FORM
SPECIAL EDUCATION AND STUDENT SUPPORT

***This form will be placed in your child's permanent school folder.*
*All information will be considered confidential***

Student's Name: ______________________________ Date of Birth: ______________
Address: ______________________________ Gender (circle one): Male Female
Telephone: ______________________________ Handedness (circle one): Right Left
Person completing this form: ______________________ Relationship to child: ____________
Language(s) spoken in the home: ______________________________
Who does this child live with (include parents, brothers, sisters and others)?
____
____
____

Please check the appropriate answer in each item listed below and explain when necessary.

1. **Health History**

Yes	No	
☐	☐	Problems during pregnancy – If yes, explain______________
☐	☐	Problems during birth – If yes, explain______________
☐	☐	Premature birth
☐	☐	Low birth weight
☐	☐	Serious illness or accidents since birth – If yes, explain______________
☐	☐	Other health problems, in infancy – If yes, explain______________
☐	☐	Any ongoing health problems – If yes, explain______________
☐	☐	History of ear infections
☐	☐	Hearing problems
☐	☐	Glasses
☐	☐	Vision problems
☐	☐	History of high lead levels
☐	☐	Current high lead level
☐	☐	Child is presently taking prescribed medication – If yes, indicate the name of and reason for the prescription______________
☐	☐	Physical limitations - If yes, explain______________
☐	☐	Any special concerns expressed by a doctor - If yes, explain______________

2. **Developmental History**

	Early	Average	Late
Learned to crawl	☐	☐	☐
Learned to walk	☐	☐	☐
Learned to talk	☐	☐	☐

Have you seen a doctor or other professional person about problems or delays in your child's speech or physical development? (Please explain)
____
____
____

3. **Family History**
Is there a history of learning problems or delays with immediate family members? (Please explain)
____
____
____

4. **Pre-kindergarten Learning/Group Experiences**

Yes	No		Yes	No	
☐	☐	Head Start	☐	☐	Preschool/Nursery School
☐	☐	KUSD Early Childhood Special Education Program	☐	☐	Day Care
			☐	☐	Library
☐	☐	Speech Impact Program	☐	☐	Sunday School
☐	☐	4K Program	☐	☐	Other - lessons-music/art, athletics, etc. (Please specify) ________________________

Do you feel that any of the activities that your child participated in were especially positive or negative experiences? (Please explain)

____

____

5. **Social/Emotional**

Please describe any recent major life changes (moving, divorce, serious illness, death in the family, etc.) your child has experienced.

____

____

6. **Learning Readiness**

A. Please list your child's:

Strengths	Weaknesses	Special Interests

B. How does your child feel about starting kindergarten?

____

____

C. Do you feel he/she is ready? ____

D. How easily does your child learn or pick up new things such as letters, words, colors, etc.?

____

____

7. **Do you have any significant concerns for your child in the following areas?**

Yes	No	
☐	☐	Difficulty using the bathroom independently
☐	☐	Difficulty in following instructions
☐	☐	Difficulty in getting along with peers
☐	☐	Inability to share materials
☐	☐	Difficulty controlling temper
☐	☐	Cannot work or play independently
☐	☐	Is easily frustrated
☐	☐	Short attention span
☐	☐	Honesty
☐	☐	Hits others
☐	☐	Separation from parents
☐	☐	Fears – If yes, explain ____

If you would like to talk with someone about any concerns, please contact your child's school principal.