



Kindergarten Parent Input Form 2020-2021

Dear Parents/Guardians,

Congratulations! Your child is about to embark on a wonderfully exciting time in his/her life – KINDERGARTEN! To help facilitate your child’s transition into the new school, please complete this form. This is a great opportunity for you to share your expertise regarding your child and to help your child’s new teacher and new school. Thank you!

Child’s Name: _____ Date: _____

Did your child attend a 4 year-old Pre-K Program? { } Yes { } No

If yes: Where did your child attend a 4 year-old Pre-K Program: _____

Was the program (check one): _____ All day _____ VPK only

How many years did your child attend a Pre-K program: _____

Please check the appropriate box below:

Yes No

- { } { } Can your child tell his/her first name when asked?
{ } { } Can your child tell his/ her birthday when asked?
{ } { } Can your child tell his/her address when asked?
{ } { } Can your child tell his/her phone number when asked?
{ } { } Does your child listen to others and follow simple directions?
{ } { } Does your child use the bathroom independently including buttons, snaps, zippers and belts?
{ } { } Does your child wash and dry his/her hands?
{ } { } Can your child use a fork/spoon, open drink and food containers?
{ } { } Does your child cover his/her mouth when coughing and use tissue to blow their nose?
{ } { } Does your child share with others?
{ } { } Does your child get along well with others?
{ } { } Does your child put away materials and toys after playing?
{ } { } Does your child take care of possessions (does not abuse or destroy objects or materials)?

What does your child do when he/she is mad or angry? _____

How would you describe your child? _____

Has your child participated in screenings and/or assessments? { } Yes { } No

If yes, what agency completed the screenings and/or assessments?

_____ School District _____ Early Steps _____ Early Learning Coalition _____ Head Start _____ Other _____

Is there any additional information you would like to provide? _____

Parent Signature: _____

Whole Child Leon – Building a Community Where Everyone Works Together to Make Sure Children Thrive

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