

**Kindergarten Information Sheet**

*Thank you for helping us to get to know your child better. Our goals are to ensure*

*we meet your child’s needs and to help them have a successful transition to kindergarten.*

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following questions are aligned with the Mississippi Department of Education Pre- Kindergarten standards. Please place an "X" in the column that best describe how often your child demonstrates each skill.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Foundational Skills** | **Rarely** | **Sometimes** | **Often/Always** | **Unsure** |
| Knows his/her name | □ | □ | □ | □ |
| Recognizes his/ her name in print | □ | □ | □ | □ |
| Can refer to self by first & last name | □ | □ | □ | □ |
| Knows parent/guardian name(s) | □ | □ | □ | □ |
| Recognizes upper- & lowercase letters | □ | □ | □ | □ |
| Identifies colors | □ | □ | □ | □ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills: Motor/Coordination** | **Rarely** | **Sometimes** | **Often/Always** | **Unsure** |
| Hops, jumps, & runs with coordination | □ | □ | □ | □ |
| Demonstrates balance (e.g., standing on one foot) | □ | □ | □ | □ |
| Cuts, tears, folds paper & uses scissors to cut in a straight line | □ | □ | □ | □ |
| Holds pencil, crayon, or marker correctly | □ | □ | □ | □ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills: Forming Relationships & Managing Emotions** | **Rarely** | **Sometimes** | **Often/Always** | **Unsure** |
| Separates easily from caregiver | □ | □ | □ | □ |
| Shares & takes turns | □ | □ | □ | □ |
| Uses words to express feelings during conflict | □ | □ | □ | □ |
| Recognizes basic emotions in self & others | □ | □ | □ | □ |
| Demonstrates empathy/kindness | □ | □ | □ | □ |
| Plays cooperatively with others | □ | □ | □ | □ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills: Communication &** **Approach to Learning** | **Rarely** | **Sometimes** | **Often/Always** | **Unsure** |
| Speaks in complete sentences (4–6 words) | □ | □ | □ | □ |
| Expresses needs & wants verbally | □ | □ | □ | □ |
| Understands & follows two-step instructions | □ | □ | □ | □ |
| Speech is understood by most listeners | □ | □ | □ | □ |
| Asks & answers questions appropriately and is on topic | □ | □ | □ | □ |
| Transitions easily from one activity to the next | □ | □ | □ | □ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills: Self Help** | **Rarely** | **Sometimes** | **Often/Always** | **Unsure** |
| Uses bathroom independently | □ | □ | □ | □ |
| Opens simple packaging independently | □ | □ | □ | □ |
| Feeds self with utensils | □ | □ | □ | □ |
| Participates in tidying up activities | □ | □ | □ | □ |

**Additional Comments**
Is there anything else you'd like us to know about your child? (Personality, strengths, challenges, special interests, favorite activities, etc.):

Thank you for helping us prepare for your child's successful transition to kindergarten!