Dear Parent or Guardian,

Getting ready for school and learning to read and write begins early in your child’s development, well before kindergarten or first grade. The love and guidance that you provide your child can set him or her on the way to many years of success in school.

This booklet guides you through the process of sharing what you know about your child with the kindergarten teacher who will be working with your child in the new school year. It gives you the opportunity to pass on important information about your child’s likes and dislikes, strengths and weaknesses and any concerns that you may have. If your child is receiving any special services, the information that you provide here can help to ensure that those services continue without gaps into the new school year.

This booklet will work best if you review and discuss it with your child’s kindergarten teacher during the first month of school. Taking the time to connect with your child’s teacher will get the new school year off to a terrific start!

Sincerely,
Child’s Name

Basic Information

Name(s) of Person(s) completing this form:

Date:

School:

Child likes to be called:

Child’s date of birth:

Mother’s name:

Father’s name:

Other adult(s) living in the home:

Address:

Phone(s):

Best time to reach us:

About My Child

My child’s favorite things:

- favorite color
- favorite food
- favorite book

You may attach a photo of your child.
About My Child (continued)

favorite toy

favorite expression

other favorites:

My child is good at:

My child likes to: (check all that apply)

☐ Listen to stories
☐ Draw and color
☐ Play alone
☐ Play with other children
☐ Play outside
☐ Play quiet games inside
☐ Go to a friend’s house
☐
☐
☐

My child doesn’t like to:

☐

☐
I’d like you to know this about my child:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My child learns best by:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

About My Child’s Early Learning Experiences at Age 4:

If your child is not enrolled in any program, check here____

My child has been enrolled in ____________________________ from

(name of preschool or program)

__________________________ to ____________________________.

(date)                    (date)

This is a:

☐ Child Care Center
☐ Family Child Care Home
☐ Parents as Teachers program
☐ Other
For more information about this program, contact:

Name: 

Phone: 

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About Our Family:

We speak the following languages in our home:

Most of the time, I speak ____________ (write in language) to my child.

Most of the time, my child speaks ____________ (write in language) to me.

Some things I’d like you to know about my family (culture, activities that the family enjoys doing together, other):

There are ______ children in the home. Their ages are:

The best times for me to come to the school are:

My family would like to share the following skills or activities with our child’s class or school:
Screenings and Special Services:

My child had a hearing screening on _____________ at _____________.

(date)                          (location)

Results:

My child had a vision screening on _____________ at _____________.

(date)                          (location)

Results:

My child had other screenings:

Speech: date___________location_______

Results:

Other (please describe):
My child receives these supports and special services:

If your child does not receive any special services, check here: ___

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>received last year</th>
<th>receives this year</th>
<th>amount of time per week</th>
<th>should receive in kindergarten</th>
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</thead>
<tbody>
<tr>
<td>Occupational Therapy (OT)</td>
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<tr>
<td>Physical Therapy (PT)</td>
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<tr>
<td>Speech and Language (S/L)</td>
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<tr>
<td>Social Worker</td>
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<tr>
<td>Other (Please describe):</td>
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</tbody>
</table>
I would like you to observe my child because I am concerned about the following:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Thank you for getting to know my child!

We want to work with you to ensure a successful kindergarten year!

________________________________________________________

Signature(s) Date

________________________________________________________

Signature(s) Date