Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Last*

**CAREGIVER**

**Child Information Form Pre-Kindergarten**

Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child

**Parent Information**

Parent Relationship to child

CHILD’S PHOTO

Address

*Street City State Zip*

Phone Email

Preferred method of contact\* 🞎 Phone 🞎 Email Preferred contact time\*

Language(s) spoken by parent

Preferred Name

Language(s) spoken by child

Date of Birth *(mm/dd/yyyy)*

School/Center Name Teacher

**School Information**

Address

*Street City State Zip*

Phone Principal/Director

School District

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Approaches to Learning** |  | Well | Somewhat | Emerging | Notes |
| Plays with friends |  |  |  |  |
| Follows directions |  |  |  |  |
| Listens |  |  |  |  |
| Participates in whole group activities |  |  |  |  |
| Completes independent activities |  |  |  |  |
| Independently completes transitions |  |  |  |  |
| Independently completes routines |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FAVORITES** | Activity/Learning Material | Learning Center | Other (food, color, etc.) |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONALITY** | **Play Style (check all that apply)** | | | **Notes** |
| 🞎 Active | 🞎 Quiet | 🞎 Mixed |  |
| 🞎 Messy | 🞎 Clean | 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Leader | 🞎 Follower | 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Independent | 🞎 Cooperative |  |
| **Learning Style (check most dominant)** | | | **Notes** |
| 🞎 Auditory | 🞎 Visual | 🞎 Kinesthetic |  |
| **Completes Activities/Tasks** | | | **Notes** |
| 🞎 Freely | 🞎 Seeks guidance/support | |  |
| **Temperament** | | | **Notes** |
| 🞎 Easy | 🞎 Complex | 🞎 Slow to Warm-up |  |
| **Personality** | | | **Notes** |
| Outgoing | 🞎 Sensitive | 🞎 Cautious |  |
| **Moves/Works** | | | **Notes** |
| 🞎 Quickly | 🞎 Slowly | 🞎 Average Speed |  |

|  |  |  |
| --- | --- | --- |
| SUCCESSFUL STRATEGIES THAT WORK FOR THIS STUDENT  (academic and behavioral) | AREAS OF GROWTH AND WHAT HE/SHE DOES NOT LIKE TO DO | OTHER USEFUL INFORMATION |
|  |  |  |