

## Kindergarten School Report

Name of Applicant \_\_\_\_\_ Grade \_\_\_\_\_  
Name of Teacher \_\_\_\_\_ Name of School \_\_\_\_\_  
Phone number at school \_\_\_\_\_ Best time to call \_\_\_\_\_  
Phone number at home \_\_\_\_\_ Cell number \_\_\_\_\_ Best time to call \_\_\_\_\_

Regular Class \_\_\_\_\_ Special Class \_\_\_\_\_ Personal Para or Shadow \_\_\_\_\_  
*Class size:* Number of students \_\_\_\_\_ Number of teachers \_\_\_\_\_ Number of assistants \_\_\_\_\_

### **Attendance and General Data**

Days Absent this year to date \_\_\_\_\_ Days Late \_\_\_\_\_

Does this student exhibit separation anxiety? \_\_\_\_\_

Did mother sit in the classroom with student? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, for how long? \_\_\_\_\_

Is this student fully toilet trained? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, please explain \_\_\_\_\_

Does this child dress him/herself independently? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, with what does s/he require assistance? \_\_\_\_\_

Is this student diagnosed with a specific mental health problem or medical disorder/syndrome that you are aware of? \_\_\_\_\_

Is this student given any medication in school? \_\_\_\_\_ Name of medication \_\_\_\_\_  
Dosage and frequency \_\_\_\_\_

### **Pre-Readiness Skills**

- |   |   |
|---|---|
| _____ Points to and names body parts                                    | _____ sits for several minutes looking at a book          |
| _____ gives first and last name   | _____ talks about characters and events in books          |
| _____ can do simple form puzzles  | _____ in ways that show understanding of the story        |
| _____ asks what, where, when, who why questions                         | _____ searches for favorite pictures in books             |
| _____ knows directional words; up, down, out, in                        | _____ relates simple stories from familiar books          |
| _____ sorts basic shapes  | _____ listens to longer stories                           |
| _____ counts 1 to 10  | _____ engages in early scribble writing                   |
| _____ counts 1 to 4 items with one-to-one correspondence                | _____ labels and talks about own drawings                 |
| _____ instantly tells how many with groups of 1 to 3 items              | _____ draws recognizable forms                            |
| _____ usually identifies the same or more by making a visual comparison | _____ names action when looking at a picture book         |
| _____ understands concept of all (not relating to number of objects)    | _____ tells story when looking at a familiar picture book |
| _____ notices simple repeating patterns (long, short, long)             | _____ recalls one or two elements from a story just read  |
| _____ knows several shapes, colors, sizes                               | _____ holds pencil/crayon using three-finger grasp        |
| _____ understands functions of body parts                               | _____ draws person with head and at least one feature     |
|   | _____ identifies some letters in own name                 |

**Behavior**

Has the student exhibited any of the following behavior(s)?  
(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> lack of persistence at tasks                | <input type="checkbox"/> cooperative, helpful attitude to teachers   |
| <input type="checkbox"/> fearfulness                                 | <input type="checkbox"/> cooperative and helpful attitude to peers   |
| <input type="checkbox"/> destruction of property                     | <input type="checkbox"/> distractibility, short attention span       |
| <input type="checkbox"/> frequent crying                             | <input type="checkbox"/> physical aggressiveness to teachers         |
| <input type="checkbox"/> self-abusive behavior                       | <input type="checkbox"/> physical aggressiveness to peers            |
| <input type="checkbox"/> resistance to teachers' directives          | <input type="checkbox"/> verbal abusiveness to teachers              |
| <input type="checkbox"/> little or no contact with peers             | <input type="checkbox"/> verbal abusiveness to peers                 |
| <input type="checkbox"/> little responsiveness to classroom activity | <input type="checkbox"/> withdrawn behavior                          |
| <input type="checkbox"/> reluctance to attempt new tasks             | <input type="checkbox"/> unable to sit during lessons                |
| <input type="checkbox"/> easily frightened/timid                     | <input type="checkbox"/> easily distracted/ inattentive              |
| <input type="checkbox"/> likes everything very orderly               | <input type="checkbox"/> things must be done the same way every time |
| <input type="checkbox"/> low frustration tolerance                   |  |

**Scholastic Performance**

On a scale from 1-5, 1= poor, to 5=excellent, please rate this child's performance on the following:

- |   |   |
|---|---|
| <input type="checkbox"/> working independently      | <input type="checkbox"/> following oral directions                      |
| <input type="checkbox"/> performing consistently    | <input type="checkbox"/> responding to questions                        |
| <input type="checkbox"/> attending to group lessons | <input type="checkbox"/> recognizing and recalling visual information   |
|   | <input type="checkbox"/> recognizing and recalling auditory information |

Does student play appropriately with other students? \_\_\_\_\_  
\_\_\_\_\_

Does child use imaginative play? \_\_\_\_\_  
\_\_\_\_\_

Does child choose to play alone or with others? \_\_\_\_\_  
\_\_\_\_\_

Does child ask other children questions to show interest? \_\_\_\_\_  
\_\_\_\_\_

How does child's pattern of behavior compare with that of other students in the class or to age/grade peers? \_\_\_\_\_  
\_\_\_\_\_

Please describe child's behavior in detail, including positive and negative behavioral aspects: \_\_\_\_\_  
\_\_\_\_\_

Does child exhibit any anxiety throughout the day? \_\_\_\_\_  
\_\_\_\_\_

Has child exhibited any explosive behavior or temper outbursts? \_\_\_\_\_  
\_\_\_\_\_

How does the child respond to authority figures? \_\_\_\_\_  
\_\_\_\_\_

Is there anything about this child's interaction with his/her peers that is significant?  
\_\_\_\_\_  
\_\_\_\_\_

What have you found most effective in attempting to modify behaviors? (e.g.. praise, punishment, positive reinforcement, parent contact, etc.) \_\_\_\_\_  
\_\_\_\_\_

On a daily basis, how often is intervention necessary? \_\_\_\_\_  
\_\_\_\_\_

If child is on medication, describe the changes you have seen in the classroom since the initiation of medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does child respond to changes/transitions? \_\_\_\_\_  
\_\_\_\_\_

Describe child's receptive language skills. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe child's expressive language skills. Does this child express his/her needs and wants in an age appropriate manner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are child's interests? What does s/he most enjoy in your classroom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Data**

Describe any events in the child's home/family that you feel we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any further information that you feel would be helpful for us to know? Please elaborate \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

**You may email this report directly to our office at [info@gesheryehuda.org](mailto:info@gesheryehuda.org).**