

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.