

## Kindergarten Personal Data Sheet

**Name of Child:**

**Name you want the teacher to use in speaking to your child:**

**Birth date (mm/dd/yy):**

**Names and ages of siblings:**

**Please list the names and relationships of any other people living in your home:**

- What skills/experience/knowledge do you want your child to gain from his/her kindergarten experience?
- Does your child show a preference of right or left hand?
- Does your child read? If yes, to what extent?
- Is your child able to pronounce words clearly?
- What activities does your child enjoy indoors?
- What activities does your child enjoy outdoors?
- Does your child visit at the home of other children and have them visit at his/her home regularly? If so, what do they enjoy doing together?
- Does your child have any fears or social problems?
- Do any of the following describe your child: shy, nervous, relaxed, high energy? Explain
- Does your child have allergies or food dislikes? Specify:
- Does your child have bathroom difficulties?
- Are there any behavior characteristics or physical handicaps that the teacher should be aware of? (hearing loss, vision problems, etc.)
- What type of discipline works best for your child at home?
- Miscellaneous notes: (Help us learn more about your child so that we can more effectively help him/her learn and pray for each child.)