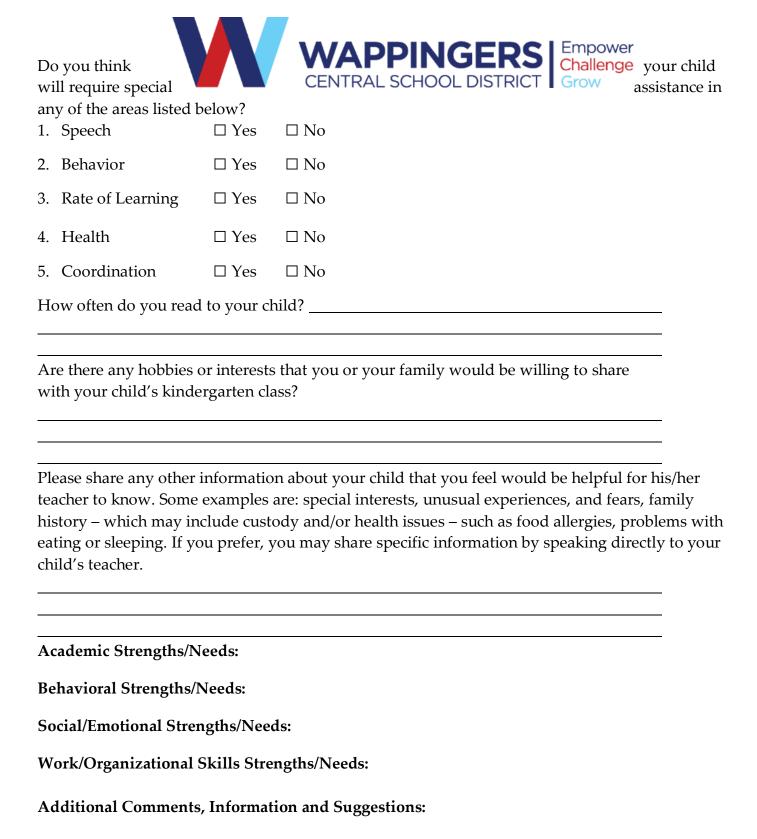


SOCIAL - HOME SURVEY (KINDERGARTEN ONLY)

Please complete this survey and return to your child's kindergarten teacher. It will be placed in your child's permanent record folder and limited to use by the school staff. This survey will be removed from your child's folder at the end of the primary grades. Parents who wish the removal of the form prior to this should contact the building principal.

Date:	Siş	gnature:				
What name doe	s your child prefer to	be called?				
With whom does your child live? (Check all that apply) \Box Mom \Box Dad \Box Siblings \Box Grandparents					□ Other	
Where does you	ır child fall in the fan	nily order?				
☐ First Child	☐ Middle Child ☐ Last child ☐ Only chil			□ Only child	□ Other	
Has your child a	attended nursery sch	ool or daycar	e?		□ Yes	□ No
Name Phone Number					r	
May we call for	information?				□ Yes	□ No
CHILD DEVEL	OPMENT					
Can your child dress him/herself?					□ Yes	□ No
Can your child take care of his/her bathroom needs?					□ Yes	□ No
Can your child follow directions?					□ Yes	□ No
Can your child attend to a story or activity for 15 – 20 minutes?					□ Yes	□ No
Has your child chosen which hand he/she prefers to use?					□ Yes	□ No
If yes, which hand?					□ Left	□ Right
Can you and/or others understand your child's speech?					ΠYes	□ No



Academic Records: Examples: copy of most recent report card, marks given up to last date of attendance in former preschool/nursery, and any special education records you can provide.