

DCE KINDERGARTEN

Student Profile Form

We would like to know more about your child through your eyes. This information will help us meet his/her needs.

Please be assured that he/she is not expected to know all of these skills. (PLEASE PRINT LEGIBLY)

Student's Name: _____

What would your child like to be called, if different than above: _____

Age: _____ Sex: _____ Date of Birth: _____ Ethnicity: _____

Mother's Name: _____ Telephone: (home): _____ (cell) _____

Mother's Email: _____

Father's Name: _____ Telephone (home): _____ (cell) _____

Father's Email: _____

Student's Address: _____

Who does child live with? _____

Siblings (name and age): _____

Preschool:

Did your child attend a preschool? Yes _____ No _____ if yes, which one? _____

Please check all that apply:

My child is..... shy _____ outgoing _____ shares well with others _____

verbal _____ quiet _____ expressive _____

talkative _____ self-confident _____ active _____

Are there any physical/medical concerns that we should be aware of? _____

Does your child have any allergies we need to be aware of? _____

Does your child currently receive any special services? (i.e. speech, occupational therapy)

Additional comments may be provided on the back of the sheet.