

# DCE Rising Kindergartener

## 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: \_\_\_\_\_ Phone # (home): \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # (home): \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Siblings (name and age): \_\_\_\_\_

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

Please **circle** all that apply:

My child is... **shy**, **outgoing**, **shares well with others**, **verbal**, **quiet**, **active**, **likes to help others**.

My child's strengths are \_\_\_\_\_

\_\_\_\_\_

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.