

**ST IVES NORTH PUBLIC SCHOOL**

**GETTING TO KNOW YOUR CHILD FOR KINDERGARTEN**



**Dear Parents/Caregivers,**

Please take some time to fill out this questionnaire regarding your child's development. All information will be treated confidentially and will help to guide us in making academic and social decisions appropriate for each student. With this information we are able to work with you in supporting your child in a smooth transition to school life.

Please hand this form to the school representative at your Best Start Interview time.

***Thank you.***

*Romy Belnick  
Assistant Principal  
Kindergarten*

Name: \_\_\_\_\_ Age at 01/01/2022 \_\_\_yrs \_\_\_months

*Please place a mark on the scale 0---10, 0 being not at all and 10 being always.*

| <i>My child ....</i>                    |          | COMMENTS |
|---|----------|----------|
| Is outgoing and confident.              | 0-----10 |          |
| Mixes happily with other children       | 0-----10 |          |
| Separates from parents easily           | 0-----10 |          |
| Likes to take a leadership role in play | 0-----10 |          |
| Is active                               | 0-----10 |          |
| Is timid and shy                        | 0-----10 |          |
| Likes to play alone                     | 0-----10 |          |

|                                     |          |  |
|-------------------------------------|----------|--|
|                                     |          |  |
| Dresses independently               | 0-----10 |  |
| Is able to tie shoelaces/do buckles | 0-----10 |  |
| Is able to sit still and listen     | 0-----10 |  |
| Has a good attention span           | 0-----10 |  |
| Is able to write own name           | 0-----10 |  |
| Attempts to write letters/words     | 0-----10 |  |
| Is able to form letters clearly     | 0-----10 |  |
| Enjoys listening to stories         | 0-----10 |  |
| Knows some letter sounds            | 0-----10 |  |
| Recognises some words               | 0-----10 |  |
| Is able to read confidently         | 0-----10 |  |
| Speaks clearly                      | 0-----10 |  |
| Expresses ideas/ needs succinctly   | 0-----10 |  |
| Is able to follow instructions      | 0-----10 |  |
| Retells a simple story in sequence  | 0-----10 |  |
| Counts to 10 or more                | 0-----10 |  |
| Names colours                       | 0-----10 |  |
| Recognises and names simple shapes  | 0-----10 |  |

Has your child been referred to or attended other agencies? eg Paediatrician, Speech, OT, ophthalmologist

Details \_\_\_\_\_

Please provide a copy of any reports to the school on return of this questionnaire.

If there is any other information, medical, emotional or behavioural which you think may be relevant to your child's smooth transition to school, please include an additional page.

*We are looking forward to our partnership in supporting your child's development at SINPS.*

*Thank you for your time.*