Ashland School District

Health Care Provider's Kindergarten Placement Questionnaire

Patient/Student Name	**DOB**	**Health Care Provider**

I am the parent / legal guardian of the above student. I authorize the above health care provider to complete and release this form to Ashland School District to help inform grade placement.

Parent Guardian Signature **Date**

PROVIDER SECTION

How long have you known the student?

Please rate each of the following to the best of your knowledge:

Readiness Skills (Please check ✓)	**Below** Same age peers	**Average** For age	**Above** Same age peers	**No Opinion**
Social				
Emotional				
Overall Developmental Readiness				
Physical Comparability: How does the student appear with respect to height and size?				
Communication Skills				
Academic/Learning				

Has the child had exposure to a pre-school or other formal learning environment? Please describe.

Are there specific developmental concerns?

Does the child have a disability? If so, please explain.

Is there any other information you wish to share?

Provider Signature **Date**

Please fax or mail directly to child's school.

School Contact:	**Address:**
Fax:	**Phone:**