



# Carson City Lower Elementary

## Kindergarten Questionnaire and Check List



Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Developmental History:***

<input type="checkbox"/>	Born Premature
<input type="checkbox"/>	Late Walking (14 mo or older)
<input type="checkbox"/>	Motor Skill Difficulty
<input type="checkbox"/>	Toilet Trained

<input type="checkbox"/>	Birth Problems
<input type="checkbox"/>	Late talking (2 years or older)
<input type="checkbox"/>	Speech Pattern Delay
<input type="checkbox"/>	Age Toilet Trained

### ***Health History:***

Health Issues: \_\_\_\_\_

Frequent Illnesses (i.e., ear aches, headaches, sore throats): \_\_\_\_\_

Wears Glasses: ☐ Yes ☐ No

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

### ***Check all that apply:***

<input type="checkbox"/>	Cries Easily
<input type="checkbox"/>	Temper Tantrums
<input type="checkbox"/>	Fear of new things
<input type="checkbox"/>	Sulks
<input type="checkbox"/>	Destructive
<input type="checkbox"/>	Sleeping problems
<input type="checkbox"/>	Daydreams a lot

<input type="checkbox"/>	Whines
<input type="checkbox"/>	Angers easily
<input type="checkbox"/>	Does not like to share
<input type="checkbox"/>	Sucks thumb
<input type="checkbox"/>	Jealous
<input type="checkbox"/>	Responds well to people
<input type="checkbox"/>	Bites nails

<input type="checkbox"/>	Eating problems
<input type="checkbox"/>	Toilet trained
<input type="checkbox"/>	Listens well
<input type="checkbox"/>	Wets the bed
<input type="checkbox"/>	Wets pants during the day
<input type="checkbox"/>	Plays well with others
<input type="checkbox"/>	Happy child

Any other items you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***Checklist***

*Please make certain all information is complete. Check that each item is done.*

<input type="checkbox"/>	Immunization Record for school Records
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Enrollment Form (Completed)
<input type="checkbox"/>	Residency Verification Form with present address documentation
<input type="checkbox"/>	Kindergarten Questionnaire (Completed)
<input type="checkbox"/>	Vision Test Complete
<input type="checkbox"/>	Hearing Test Complete

*Additional Information in this folder is for you to keep.*