

**WAKE COUNTY PUBLIC SCHOOL SYSTEM
KINDERGARTEN PARENT OBSERVATION FORM**

Welcome to Kindergarten in the Wake County Public School System. It is important for us to get to know each child and his or her family. You know your child best. By sharing your insights and expectations, you will help us plan a program to best meet your child's needs. Please write any comments that will help make this kindergarten year a rewarding experience for your child. Thank you for your time in filling out this form.

NAME _____ BIRTHDATE _____

CHILD LIVES WITH _____

RELATIONSHIP TO CHILD _____

OTHERS IN THE HOME _____

BROTHERS (name and age) _____

SISTERS (name and age) _____

Has your child attended a preschool/daycare? Name(s) of schools _____

How long? 6 mos. 1 yr. 2 yrs. More

Has your child received early intervention services (e.g. speech/language therapy, educational interventions, counseling, etc.) ___ Yes ___ No

If yes, please explain: _____

How often do you read to your child? Every day 2-3 times a week Once a week Once a month

GENERAL HEALTH HISTORY

Please list any health concerns that you or your doctor have observed: (for example, asthma, stomach aches, seizures, bed wetting, nightmares, etc.) _____

Food allergies _____

GENERAL HISTORY	YES	NO	COMMENTS
Was your child a full term baby?			
Is your child presently on medication?			If yes, what medication? For what purpose?
Has your child had any significant injuries, illnesses, or hospitalizations?			If yes, please explain.

Has your child had any traumas or family stress? (e.g. relocation, separation, divorce, death in the family)			
Do you have any concerns about your child's development? (social, language, motor, academic, etc.)			
LANGUAGE/LITERACY DEVELOPMENT			
	YES	NO	COMMENTS
Does your child express his/her ideas clearly?			
Does your child understand stories read to him/her?			
Does your child try to read books from memory?			
PERSONAL/SOCIAL DEVELOPMENT			
	YES	NO	COMMENTS
Does your child play well with at least one child?			
Does your child usually make an effort to solve problems before seeking help?			
Does your child show concern for using materials and equipment safely and appropriately?			
Does your child cry often?			
Does your child separate easily from parent(s)?			
Does your child continue an activity without constant attention and encouragement?			
Does your child accept limits set by adults?			

Please tell us what you would like us to know about your child.

Please tell us what you would like your child to gain from this year in Kindergarten.