Little Falls School No. 2

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Dear Kindergarten Family,

Your input is invaluable in helping us develop a program for your child. Please take some time to tell us more about your child. Please bring this form to your child's scheduled screening date. This form will be forwarded to your child's kindergarten teacher to help her/him learn more about your child. Thank you.

Sincerely,
Jill Castaldo
Principal

Child's Name: _____

My child likes to be called (Nickname): _____

Parent/Guardian's Name(s): _____

1. Has your child attended school before? ___ Yes ___ No
   If Yes,
   Name of School _____

   How many days a week did she/he attend? _____

   How many students are in his/her class? _____

   Half day or full day attendance? _____

2. What are your child's strengths?

3. How does your child deal with conflicts?

   Disappointment?

4. How does your child feel about starting school?

5. What are some goals you have for your child this year?

6. Do you have any concerns or reservations about your child starting kindergarten?