



All About Me



My Name is _____

~ Here is a picture I drew of myself ~

My Elementary School will be: _____

My favorite toy is: _____

My favorite book is: _____

My favorite thing to do is: _____

If I could tell my Kindergarten Teacher one thing about me, it would be:



All About Me from my Family

This section can be filled out by a parent, guardian, or other family member

Relationship to Child

Does the child have any brothers or sisters?

Name

Age

Live in home?

To help the Kindergarten Teacher facilitate a smooth transition into school, please check all the items below that describe the child:

- | | |
|--|--|
| <input type="checkbox"/> likes to play on his/her own | <input type="checkbox"/> likes to play in a group |
| <input type="checkbox"/> shy in new situations | <input type="checkbox"/> outgoing in new situations |
| <input type="checkbox"/> tends to lead others | <input type="checkbox"/> tends to follow others |
| <input type="checkbox"/> frustrated by difficult tasks | <input type="checkbox"/> persistent with difficult tasks |
| <input type="checkbox"/> talkative, verbal | <input type="checkbox"/> quiet |
| <input type="checkbox"/> likes active activities most | <input type="checkbox"/> likes quiet activities most |
| <input type="checkbox"/> independent | <input type="checkbox"/> often needs adult assistance |

Please share any concerns regarding medical or health issues for your child (allergies, medications, etc.)

Information about medication for chronic conditions should be shared with the school in early Spring or early Summer before school begins

What else would you like the Kindergarten Teacher to know about the child (fears, likes/dislikes, special people or friends)?

Do you have any other information, questions or concerns about your child entering Kindergarten?

