

FAMILY 2 INFORMATION – Parent/Guardians living elsewhere:			
Name		Name	
Relationship		Relationship	
Address			
City, State, Zip			
Employer		Employer	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
E-Mail		E-Mail	

Who has legal custody of the child:

Mother & Father _____ Mother Only _____ Father Only _____ Joint, Divorced _____

Child lives with: Mother & Father _____ Mother Only _____ Father Only _____ Other (please list) _____

Has your child ever received special education services? Yes No

Does your child currently have an IEP? Yes No

Has your child been referred for a special education evaluation that has not yet been completed? Yes No

Does your child currently have a 504 plan? Yes No

Other children in family:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please keep in mind that all children develop at different rates, and children are NOT expected to be secure for any of the following outcomes prior to the start of 4 Year Old Kindergarten.

Self Help Skills	Beginning	Developing	Secure
Uses bathroom			
Washes and dries hands			
Fastens coat (e.g., engages zipper and zips, buttons, snaps)			
Ties shoes			
Cleans up toys			
Comments/Concerns:			

Fine Motor	Beginning	Developing	Secure
Uses scissors appropriately			
Colors within lines			
Prints first name			
Draws simple shapes			
Draws a person with at least 3 body parts			
Uses tripod grasp (thumb, forefinger, index finger)			
Comments/Concerns:			
Gross Motor	Beginning	Developing	Secure
Uses playground equipment safely			
Catches and throws a playground ball			
Jumps with two feet			
Balances on one foot for 5 seconds			
Gallops			
Comments/Concerns:			
Reading Readiness	Beginning	Developing	Secure
Shows interest in books			
Enjoys being read to			
Identifies letters of alphabet			
Recognizes familiar signs and words (name, restaurants, name brands)			
Comments/Concerns:			

Math Readiness			
Counts to _____ (what number)			
Identifies _____ colors (how many different colors)			
Identifies numbers 1-10 Yes No			
Comments/Concerns:			
Social Skills	Beginning	Developing	Secure
Plays independently by self			
Plays interactively with peers			
Uses materials or toys appropriately			
Follows 2-step directions (e.g., first get your shoes, then get your coat)			
Comments/Concerns:			
Language	Beginning	Developing	Secure
Asks questions (using who, what, when, where and why)			
Your child's speech is easy to understand			
Takes a turn and allows others to take a turn			
Initiates conversation with others			
Comments/Concerns:			

Additional Questions:

1. Has your child attended pre-school, daycare or participated in any other activities or organizations?

2. Does your child have any health conditions (e.g., allergies, asthma, seizures, diabetes, heart etc.)?

3. What are your child's strengths?

4. Read the statements below and check if they describe your child:

- | | |
|---|--|
| <input type="checkbox"/> Eating problems (e.g., eats too little or too much) | <input type="checkbox"/> Temper Tantrums |
| <input type="checkbox"/> Sleep problems (e.g., sleeps too little/too much) | <input type="checkbox"/> Difficulty paying attention |
| <input type="checkbox"/> Difficulty separating from parent | <input type="checkbox"/> Difficulty sitting still |
| <input type="checkbox"/> Displays anxiety (e.g., worries frequently) | <input type="checkbox"/> Displays aggressive behaviors |
| <input type="checkbox"/> Difficulty with toileting (e.g, willingness to use an unfamiliar restroom, noise of automatic flushers) | |
| <input type="checkbox"/> Vision (e.g., glasses, lazy eye, vision therapy) | |
| <input type="checkbox"/> Hearing (e.g., tubes in ears, frequent ear infections, sound sensitivities, please indicate any "results of hearing test") | |

Comments/Concerns:

Student drop off locations have an impact on bus routes, please let us know if there is a possibility that your child will be dropped off at an address other than your home address. (i.e. babysitter). Please note, the bus can only pick up and drop off students at District Residences. Since bussing is provided to district residents, we assume your child will be riding the bus unless you tell us otherwise. Do you plan on using the bus? Yes No

Our 4K Program runs all day every other day. Do you prefer Monday/Wednesday and alternating Fridays or Tuesday/Thursday and alternating Fridays? M/W/F or T/R/F

Please note, we may not be able to honor all requests but will do our best to accommodate.

Are you interested in the 4K Extended Day Program opposite the days your child would be in 4K? Yes No If so, what days M T W R F consistently or as needed ?

The 4-K Extended Day is an extension of the 4-K program offered by the Erin School District. **There is a fee for this program.**