

**New Hyde Park-Garden City Park UFSD
Screening Information Survey - Kindergarten**

Child's Name: _____ Date of Birth: _____
Country of Birth: _____ Date Entered U.S.A.: _____
Address: _____ Phone: _____
Parents'/Guardians' Names: _____

Language Profile

Primary language spoken at home	English___ Other (Specify)_____
Child's primary language	English___ Other (Specify)_____
Primary language of the child's parents/guardians	English___ Other (Specify)_____
Other languages spoken in child's home	English___ Other (Specify)_____

In your opinion, how well does your child understand and speak English?

Understands English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
Speaks English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all

Does your child have limited English language skills due to the presence of another language at home?

Yes No Not Sure

Comments: _____

Education/School Profile

Has your child attended pre-school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
If yes, where? _____	How many years? _____
How many days per week? _____	How many hours per day? _____

Has your child ever received Early Intervention or Pre-School Special Education services?

Yes No Not Sure

Comments: _____

Medical Profile

Does your child have any significant medical/health issues? (illnesses, physical issues, visual/hearing issues, asthma, allergies, taking medication) Yes No Not Sure

Comments: _____

Speech Profile

Are there any concerns regarding your child's primary language skills (vocabulary, difficulty expressing him or herself, understanding) or speech problems (articulation, stutter, lisp)?

Yes No Not Sure

Comments: _____

Motor Profile

Are there any concerns regarding your child's fine motor (drawing, coloring, writing) or gross motor skills (walking, running, skipping)?

Yes No Not Sure

Comments: _____

Family/Social History

Please share any significant family or social history you may feel is important for the school to know to better understand your child's needs (separation, divorce, remarriage, recent deaths, recent births, family changes, loss, moves...) _____

Please share any additional information about your child that you feel is important for the school to know to better understand your child's needs _____

Please list all those living in the child's home:

<u>Name</u>	<u>Relationship to child</u>	<u>Age of Minors</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

Date

Person Acting as Translator

Translator's phone No.

Kindergarten Readiness Scale

Please rate each item by checking the appropriate box

	Never	Sometimes	Usually	Always
Speaks in sentences				
Expresses self well				
Follows directions well				
Remains focused for 15 mins. at a time				
Recognizes name in writing				
Writes first name				
Sings the alphabet song				
Recognizes upper case letters				
Recognizes lower case letters				
Shows interest in reading				
Recognizes and names shapes				
Recognizes and names colors				
Counts to 10				
Recognizes numbers 0-10				
Uses scissors correctly				
Holds a pencil and crayon correctly				
Colors and glues carefully				
Ties shoes				
Buttons large buttons				
Respectful to adults				
Accepts limits without getting upset				
Exercises self control				
Adjusts to new situations well				
Plays well with other children				
Waits for his/her turn in games				
Tells address upon request				
Tells phone number upon request				
Tells birthday and age upon request				