

DALLIN SCHOOL
"KINDERGARTEN CHAT" FORM
Please complete this form and return it at registration.

Child's Name: _____ Nickname: _____

Address: _____

Phone: (H) _____

Birthdate: _____ Interviewer: _____

Parent's Name: _____ Occupation/Work Hours: _____

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Who lives in your household?

Adults: _____

Siblings (Names, Ages): _____

If one parent is out of the household, where is the parent living? _____

How often does your child see that parent? _____

Will that parent be active in your child's school life? _____

If you are visiting from another country/city, where are you from? _____

How long will you be living in Arlington? _____

Child's first language: _____ Primary language/s spoken at home _____

Will your child be entering Dallin Afterschool Program? _____

If so, which days? _____

Who is your child's primary caretaker after school? _____

How does your child feel about starting Kindergarten? _____

Will your child be attending full or ½ day? _____

Does your child have any friends who will be starting Kindergarten at Dallin? _____

Did your child attend preschool/nursery school/day care? _____

How many hours/days per week? _____

Name of place: _____ Number of years? _____

How did your child adjust to that setting at first? _____

How did you feel about the experience? _____

OVER →

Has the preschool/nursery school/daycare made any special recommendations? _____

What type of activities/interests does your child prefer? _____

What structured outside activities does or has your child engaged in? (Ex: music lessons, gymnastics, sports) _____

Does your child have friends over to play? _____

Visits other's homes? _____

How is his/her attention span in a group? _____

Does your child enjoy organizing activities/playing a leadership role with friends? _____

Does your child enjoy being read to? _____ By whom? _____

What kind of books? _____

Does your child have a computer at home? _____ Amount of time used? _____

Does your child watch television? _____ How much? _____

What are your child's favorite programs? _____

Does your child play video games? _____

Any significant medical history (surgeries, chronic illnesses, medications, etc)? _____

Are there any other significant life experiences in your child's life that would help us to know him/her better? _____

Does your child:

Follow directions? _____

Dress/undress self? _____

Toilet independently? _____

What time does your child go to bed? _____

What do you do when your child behaves in a way you do not approve of? _____

Does your child express any particular anxieties or fears? _____ About what? _____

How does your child like to be comforted? _____

Was there ever a time when you or a professional had questions or concerns about your child's behavior or development? _____ If so, how did you respond? _____

Did you consult with someone? _____ Whom? _____

What were the recommendations? _____

Is your child currently receiving or has he/she ever been recommended for special services such as: Speech/Language Therapy? _____ Counseling? _____ Occupational Therapy? _____ Other? _____

Which of the following characteristics would you use to describe your child?

- _____ Wants to know how things work/curious
- _____ Can focus on a task
- _____ Is willing to try new things/take risks
- _____ Often acts impulsively before he/she thinks
- _____ Is persistent, sticks to a task
- _____ Has good physical coordination and body control
- _____ Has strong opinions and tastes – knows what he/she wants
- _____ Is easily frustrated/overwhelmed? If yes by what? _____

Please list 2 or 3 strengths in your child: _____

Please list 2 or 3 areas of need for your child: _____

What concerns do you have regarding kindergarten? _____

What else would you like us to know about your child so that we can help him/her have a good year in kindergarten? _____