

Current Pre-School _____

Child's Name _____

HOPKINTON PUBLIC SCHOOLS PRE-SCHOOL INFORMATION FORM

Dear Incoming Kindergarten Parents,

As we look forward to welcoming your child as a Center School kindergartner, we are seeking some information from your child's pre-school teacher. The information outlined in the tables below will help us as we seek to create balanced classes that are conducive to a positive learning environment for all students. We will be asking your child's pre-school teacher to complete this form by April 30th, 2011. The forms will be held in confidence, and they will only be used by Center School administration to make effective class groupings. Your signature on the line below will allow your child's pre-school to complete and return this form to Center School.

Sincerely,

Jennifer Parson, Center School Principal

I give my permission for the following information to be released to Center School as part of the placement process.

Parent/Guardian _____ Date _____

Child's Name _____ Date of Birth: _____

Parent/Guardian Name: _____ Home Address: _____

Parent Phone # _____ (# where a parent can be reached from 8-4 p.m.)

ITEMS SHADED (# 1 AND # 2) TO BE COMPLETED BY THE PRE-SCHOOL TEACHER

Key: A-Almost always S-Sometimes N-Not Yet

Does your child receive any of the following services?

# 1	A	S	N
Works/plays well with others			
Participates effectively in groups			
Demonstrates self-control			
Can follow simple directions			
Waits for his/her turn			
Can express needs in an age appropriate way			
Has age appropriate self-help skills			
Identifies numbers 1-10			
Identifies letters			

# 3 to be filled in by parent	YES	NO
Occupational Therapy		
Physical Therapy		
Speech/Language		
IEP-Academics		
504		
Friendship Group		

If your child has received any of the above services in the past, please provide a short detail below.

Where did child receive services? _____

2 Please make additional comments: _____

Pre-School Teacher Signature _____