

Thank you for taking the time to complete this and get it back to us before May 22<sup>nd</sup>.

*Getting to know your child through your eyes will help us meet their needs while they are at Jumpstart to Kindergarten at KCK!*

Child's full name \_\_\_\_\_ Name they prefer to be called if different \_\_\_\_\_

Person completing this form name \_\_\_\_\_/relationship \_\_\_\_\_

**LIST 6 WORDS THAT BEST DESCRIBE YOUR CHILD.**

1.	4.
2.	5.
3.	6.

**Who does your child live with?** (check all that apply)

- MOTHER  FATHER  STEPMOTHER  STEPFATHER  GRANDMOTHER  GRANDFATHER
- OTHER RELATIVE \_\_\_\_\_  FOSTER FAMILY CASE WORKER \_\_\_\_\_
- OTHER (specify) \_\_\_\_\_

- Best way to contact you:  email  cellphone  text message  work phone

**PRESCHOOL DAYCARE HISTORY:**

- Has your child attended preschool or daycare?  YES  NO How many years? \_\_\_\_\_
- Preschool/Daycare Name \_\_\_\_\_

**HEALTH:**

- Has your child ever been hospitalized  YES  NO reason \_\_\_\_\_
- Allergies: \_\_\_\_\_
- What medication does your child take? \_\_\_\_\_

Any other information that would allow us to serve your family best?

---

---

---

---

---

---

## Self-Help Development

Directions: Place an **X** in the box that best describes how your child can do each task. A young child's behavior is not the same from day to day. Think of your child's average ability at home, not his or her very best or worst day. Mark each item by putting an **X** in one of the boxes.

Task	Most of the time, with no help	Sometime, or if I help	No, not yet	Not allowed to or not asked to
1. Drinks from a straw.				
2. Buttons large buttons.				
3. Puts toys away when asked.				
4. Unscrews jar lid or bottle cap.				
5. Washes and dries hands.				
6. Puts clothes or shoes where they belong when asked.				
7. Drinks from a water fountain.				
8. Brushes teeth.				
9. Blows and wipes nose without being asked.				
10. Puts on clothes with front and back correct.				
11. Puts shoes on correct feet.				
12. Completely dresses himself or herself.				
13. Uses the toilet.				
14. Wipes private area after toileting.				
15. Wears underwear.				
16. Brushes or combs hair.				
17. Washes his or her own body during bath or shower.				

## Social Development

Directions: Place an **X** in the box that tells how frequently your child shows each feeling or behavior. Again, think of your child on an average day, at home or with friends. Mark each item by putting an **X** in one of the boxes.

Feeling or Behavior	Always or almost always	Sometimes or partially	Never or almost never
1. Sticks to one activity (listens to a story, does coloring) for at least 15 minutes at a time.			
2. Accepts limits without getting upset.			
3. Plays with toys without breaking them.			
4. Plays well with other children (takes turns, shares).			
5. Stops an activity when parents say to do so.			
6. Keeps working at something until it is finished.			
7. Is well liked by other children.			
8. Does what parents ask him or her to do.			
9. Waits his or her turn in games.			
10. Over-reacts or has temper tantrums.			
11. Uses words rather than physical actions to settle arguments with other children.			
12. Likes to be with other people.			
13. Reacts in ways parents can predict.			
14. Admits mistakes and doesn't blame others.			
15. Is easily frustrated.			
16. Describes others' feelings (such as happy, sad, mad).			
17. Smiles, giggles, or laughs in response to something funny.			
18. Waits to hear the entire question before answering.			
19. Goes to bed easily and without a struggle.			
20. Asks permission to use something that belongs to someone else.			