



WELCOME TO LAKESHORE!

PLEASE TAKE A FEW MINUTES TO TELL US ABOUT YOUR CHILD.

Child's Legal Name: _____

Allergies? _____

Pre-School Experience No ___ Yes ___ # of years _____

Where did they attend? _____

What are you child's special interests? What motivates them?

What are you child's strengths/weaknesses? (Academic/Behavioral)

What do you hope your child will accomplish this year?

Is there anything else you would like to tell us about your child?

Is your child currently receiving special services? (Check all that apply)

<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Counseling
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Special Education
<input type="checkbox"/> Other :	

Do you think your child might benefit from additional student services? (Check all that apply)

<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Counseling
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Special Education
<input type="checkbox"/> Other :	



KINDER READINESS SURVEY

Child's Legal Name: _____ Birthday: _____

What name will they go by in school? _____

YES **NO**

- | | | |
|--|--------------------------|--------------------------|
| 1. Is able to tie own shoes | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is able to use the restroom by self | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can button and zip own clothing | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can hold a pencil and crayon correctly | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can cut with scissors on a line | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can recite the alphabet | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can recognize the letters (out of order) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Can count to 10 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Can recognize the numbers 1-10 (out of order) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Can write own name | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Knows first and last name | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Can recognize basic colors | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Can listen to instructions and follow them | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Can work together as part of a group | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Curious and receptive to learn new things | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Gets along well with others | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Knows how to share and take turns | <input type="checkbox"/> | <input type="checkbox"/> |