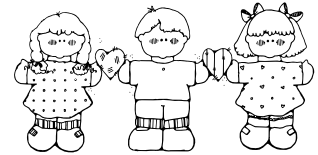


## Ma'ema'e Elementary School Kindergarten Student Information



Child's name: \_\_\_\_\_  
First Last Middle Initial

Birthday: \_\_\_\_\_ Gender: Male / Female Handed: Right / Left

- List NAMES and GRADES of any sibling attending Ma'ema'e School during the upcoming school year.

\_\_\_\_\_

- List any relatives or close family friends who will be attending Kindergarten at Ma'ema'e during the upcoming school year.

\_\_\_\_\_

To help teachers get acquainted with your child, please answer the following questions. Your honest responses will be appreciated so that we may better meet the needs of your child.

1. Has your child had any previous school experiences? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, \_\_\_\_\_  
Name of Preschool Length of time

Describe any adjustment problems (if any).

\_\_\_\_\_

2. Does your child know:

- |  |     |    |    |
|--|-----|----|----|
| a. Recognition of capital and lowercase letters (out of sequence)? | Yes | or | No |
| b. Recognition of shapes?  | Yes | or | No |
| c. Recognition of numbers 0 - 10?                                  | Yes | or | No |
| d. Recognition of 8 standard colors?                               | Yes | or | No |
| e. How to use scissors properly?                                   | Yes | or | No |
| f. Recognition of own name?  | Yes | or | No |

3. Check all that apply to your child:

- ☐ Accepts positive criticism
- ☐ Aggressive
- ☐ Friendly
- ☐ Sensitive
- ☐ Shy

4. List any special conditions (physical, medical, food allergies, toileting, vision, hearing, speech, etc...) that your child's teacher should be aware of. (If no conditions, write **none**.)

5. List any use of long-term medications. (If no medications, write **none**.)

6. List any special social/emotional concerns (divorce, separation, death, etc...) that your child's teacher should be aware of. (If no concerns, write **none**.)

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Print Name of Parent/Guardian

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Signature of Parent /Guardian

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Today's date