



# Congdon Park Elementary School 2017-18 Parent Input Form

Please fill in the information below; it will be shared with the kindergarten teacher.  
Please note: we do not take requests for specific teachers.

**Student's FULL name** \_\_\_\_\_  
(please print)

### Circle the number that best describes your child.

1. Child's attitude toward school:

Reluctant    1    2    3    4    5    Eager

2. Child learns best with:

Structure    1    2    3    4    5    Independence

3. Child's personality:

Outgoing    1    2    3    4    5    Shy

4. Child's behavior—frequency of teacher/parent redirection:

Often    1    2    3    4    5    Seldom

5. In a new learning situation, your child:

Needs extra time    1    2    3    4    5    Masters new ideas quickly

6. How your child makes new friends:

Slowly    1    2    3    4    5

7. What excites your child most about starting school?

8. List any special needs your child has.

9. Please check any special services your child has received in the past:

- |  |   |
|--|---|
| <input type="checkbox"/> Special Education             | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> English as Second Language    | <input type="checkbox"/> Counseling           |
| <input type="checkbox"/> Speech therapy                |   |
| <input type="checkbox"/> Other (please describe) _____ |   |

If your child was not already receiving any of the above services, do you feel he/she is in need of any special assistance?     yes     no

Did your child attend preschool?     yes     no

If yes, which preschool, and for how long? \_\_\_\_\_