



Congdon Park Elementary School 2016-17 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? _____