

Section D - Special Concerns

3. If the child has received a diagnosis or identification by a doctor or psychological professional, please indicate. (See Guide for codes)

Not Applicable

Don't Know

4. Is the child receiving any school based support(s) (e.g., educational assistant, equipment)?

Yes

No

Don't Know

5. a) Do you feel that this child needs further assessment?

b) Is the child currently on a wait list to receive further assessment?

Section E - Additional Questions

To the best of your knowledge, please mark all that apply to this child

1. Has the child attended a special education preschool program or other early intervention program/services (e.g., speech therapy)?

Yes

No

Don't Know

Specify type of program, if known:

2. In the year prior to kindergarten entry, has the child been in non-parental child care on a regular basis?

Yes

No

(Skip to question 3)

Don't Know (Skip to question 3)

2a) If yes, please specify type of child care arrangement (See Guide): *Mark all that apply.*

Center-based

Child's home

Other (please specify

)

Other home-based (in someone else's home)

Don't Know (If No or Don't Know, skip to Question 3)

2b) To the best of your knowledge, in the year prior to the child's entry to kindergarten, was the child's care arrangement:

Full-time

Part-time

Don't Know

3. Since the beginning of the school year, has the parent/guardian volunteered in the classroom for a classroom project, field trip, etc.?

Yes

No

4. Has a parent/guardian attended at least one parent-teacher conference?

5. Apart from parent-teacher conferences, have you had one-on-one conversations with the student's parent/guardian (either by phone or face-to-face)?

If you have any comments about this child and her/his readiness for school, please print them below. ****Please do not include the child's name below****

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