

13.	If there were three things (academically or/and socially) that you would like to see your child be successful with this year, what would they be?
1.	
2.	
3.	
14.	Does your child experience emotional distress when separated from parents?
15.	Please comment on any other fears or anxieties your child may have:

Health Questions

16.	My child has allergy concerns.	Yes	No
Please give details:			
Medications:			
My child must carry an Epi-Pen for _____ allergy.		Yes	No
17.	My child has dietary restrictions: _____		
18.	My child must carry an inhaler.	Yes	No
19.	My child has been diagnosed with a learning disability.	Yes	No
20.	My child has limitations for physical activity.	Yes	No

Please check the box that best describes your child's current level:

	Not Yet	Developing	Consistently/Proficiently	Unknown		Not Yet	Developing	Consistently/Proficiently	Unknown
Writes his/her first name					Works independently				
Knows letter sounds or equivalent					Is fully toilet-trained				
Writes simple words					Dresses him/herself independently				
Recognizes and names colors					Feeds him/herself independently				
Says numbers in sequence up to 10					Reads simple sentences				
Writes numbers in sequence up to 10					Adds small numbers				
Shows an interest in books					Subtracts small numbers				
Follows simple directions					Sings simple songs				

Parent Signature:

Date: