

Kindergarten Round-Up

**PLEASE COMPLETE BOTH
FRONT AND BACK OF THIS FORM**



FRISCO INDEPENDENT SCHOOL DISTRICT

Name of Child: _____ Child's Gender: ____ M ____ F

Child's Date of Birth: _____ Name of Parents: _____

Please take the time to completely fill out this form.
Your responses will assist us in appropriately placing your child.

My Child Independently:	Yes	Not Yet	Comments
Zips			
Ties Shoes			
Buttons			
Dresses him/herself			
Cuts with scissors			
Holds with crayons or pencils correctly			
Listens to a story without interrupting			
Talks in complete sentences up to 5 or 6 words			
Writes his/her name			
Pretends to read books by looking at the pictures			
Pretends, creates, and makes-up stories and shares verbally			
Retells story			
Understands positional concepts such as: up, down, in, out, under, front, back			
Goes to the restroom independently			
Follows 2-3 verbal directions			
Asks for helps when necessary			
Identifies some alphabet letters			
Identifies the beginning sounds of some words			
Attempts to write words by inventing his/her own spelling			
Counts to 10			
Knows address			
Knows phone number			
Knows birthday			

List any medications your child takes regularly _____

Does your child have any allergies? _____

Continued on back

Does your child nap on a regular basis? _____

Does your child read books without assistance? _____

If so, give an example of the last text that they read (Title) _____

Child's previous school experience - please check all that apply:

Preschool _____

Name

Mother's Day Out _____

Name

Day Care _____

Name

What type of discipline works best for your child?

What are some goals you would like for your child to accomplish in kindergarten?

1. _____

2. _____

3. _____

Please list any areas in which your child excels academically and/or socially.

Academically: _____

Socially: _____

What concerns do you have for your child as they enter kindergarten? _____

Do you have any concerns regarding your child's speech? _____

How does your child handle new situations? (Does your child cry? Does your child withdraw? Does your child get overly excited? Does your child transition well?) _____
