

Saint Mary School

Parent Application for Incoming Kindergarten Student

1. Biographical Information

Child's Full Name

Public School District

Parish Membership

Siblings Attending Saint Mary School

Child's Current Pre-School Name

2. Health History

Prenatal/Birth Events

Early childhood illnesses & frequency

Serious injury(ies)

Surgical history

Current diagnosis of medical conditions

Treatment and medication

3. Developmental History

At which age did your child attain these developmental milestones?

- a. walking
- b. saying first intelligible words
- c. speaking simple sentences of 3 words
- d. dressing self
- e. toilet training

4. Speech and Language Literacy

- a. Any language other than English spoken in the home?

- b. Is your child intelligible to the family? 25% or less 50% 75% 100%
- c. Do others have difficulty understanding your child's speech?
- d. Does your child use proper sentence structure and word order?
- e. Does your child omit or substitute sounds in words?
- f. Does your child have difficulty regulating the sound of his/her voice – consistently too loud or too soft?
- g. Is your child interested in books? Can he/she sit for 15 minutes while you read a story?
- h. Does your child relate stories in a logical sequence?
- i. Has your child's speech or language ever been evaluated? Has he/she ever participated in speech/language therapy?

5. Motor/Physical Development

- a. Can your child grasp and release a small object such as a Cheerio or small bead?
- b. Describe the manner in which your child holds or grasps a pencil.
- c. Can your child participate in ball games that involve kicking, throwing and catching a playground ball?
- d. Can your child hop on one foot? How many times successively?
- e. Do you see any coordination problems in your child? Please describe.
- f. Does your child participate in sports and/or physical activities?
- g. Can your child write his/her name?
- h. Has your child's physical/motor development ever been evaluated? If so, please include the date, place, evaluator's name and result of the evaluation.
- i. Has your child ever received physical or occupational therapy?

6. Behavioral

- a. Please list the playgroups, educational, childcare and recreational activities that your child has participated in?
- b. Describe your child's friendships.
- c. Does your child have any particular fears?
- d. Are there any activities that your child is reluctant to participate in?
- e. What are your child's favorite pastimes?
- f. What is your child's length of attention for:
 - Books?
 - T.V.?
 - Computer/video games?
 - Drawing and art?
 - Playing?
 - Puzzles?
 - Blocks?
 - Dramatic play?
- g. How does your child adjust to new situations?
- h. How well does your child follow directions?
 - Very Well
 - Needs few reminders
 - Needs frequent reminders
- i. How would you describe your child's organizational skills?
 - Meticulous
 - Keeps general order to belongings
 - Very disorganized
- j. How does your child resolve conflicts with siblings, friends and parents?
- k. Has your child's behavior or emotional development ever been evaluated? If so, please include date, place, evaluator name and results.
- l. Has your child ever received counseling or behavioral therapy?

7. Parental Concerns/Goals

- a. Do you have any particular concerns about your child's development or education?
- b. What kind of educational program so you feel would best meet the needs of your child?