Aliiolani Elementary School Kindergarten Questionnaire

3				Date				
Child	's Na	ame	Nickname					
Address			Home Phone					
1. Fe	orme	er School Experiences: Yes _	No	Nam	e of Pre-school			
	a.	Recognizes his/her name	Yes	No				
	b.	Is able to write name	Yes	No				
	C.	Knows alphabet (lower case)	Yes	No	(upper case)	Yes No		
	d.	Is able to read	Yes	No				
	e.	Know numbers (1-10)	Yes	No				
	f.	Knows colors	Yes	No		4		
2. H		Serious Illness and/or Hospita	alization:					
	b.	. Allergies (Please list. Physician's note must be submitted for milk allergy in order for the child to receive juice with the school lunch.)						
	c.	Speech (Check as applicable):					
		Lisps Mispronunciatio	•	Stutters	None			
	d.	Handedness: Right						
		Toilet Habits: (Accidents)			Sometimes	Frequently		
						Frequently		
3. H	lome	and Family						
		Father's Name	<u> </u>	Occupation		Phone		
	b.	Mother's Name		Occupation	, 	Phone		
	C.	Relatives in School:			Room	Grade		
					Room	Grade		
	d.	Volunteer help: Room Mothe	erE	Excursions _	Other			
	e.	Discipline: What control work	s best?	By whom?				
	f	Special Notations and Needs	· (liee br	ock of page if	necessar/\			

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