



# Kindergarten Screening Form

**Circle one:** Junior or Senior Kindergarten **Circle One:** Full-time or Part-Time (M, W,F)

Child's Name \_\_\_\_\_ M/F  
Surname First Middle

Describe physical/mobility/motor skill ability:

Describe Speech and language ability:

List any/all professional organizations involved in your child's care:

List any/all assessments or testing to date:

List any developmental delays or concerns:

Bathroom Ability/Concerns:

List any Emotional/Social needs/concerns:

Previous daycare center(s):

***For your child to receive the best care, please to use a separate piece of paper to answer each question thoroughly if needed.***