

West Fargo Public Schools

Kindergarten Pre-Registration Profile

In order to gain information about your child, it is important for you to fill out this form with as much detail as possible. Thank you for your support and help.

Child's Last Name _____

Child's First Name _____

Gender Boy Girl

Birthdate _____

Please check Yes or No and fill in answers as needed

	Yes	No
<u>Preschool:</u>		
Has your child attended a preschool program?		
If yes, program attended:		
If yes, length of time in program:		
<u>Language Development:</u>		
Has your child had a speech/language evaluation or screening?		
Has your child received speech/language therapy?		
If yes, program attended:		
If yes, length of time in program:		
Does your child express himself/herself clearly?		

Please provide any important information you'd like us to know regarding your child's learning or behavior including identified disabilities, speech/language difficulties, fine/gross motor difficulties, challenging behavior issues, and advanced reading/math skills or other attributes.

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Student Learning Inventory

My Child	Never	Sometimes	Often	Always
Follows directions:				
Plays well with peers:				
Makes friends easily:				
Uses the bathroom without help:				
Says his/her full name (first and last):				
Stays on task for at least 5 minutes:				
Asks for help if needed:				
Manages frustrations age appropriately:				
Listens to adults:				
Is shy:				
Identifies letters in the alphabet, in and out of order:				
Knows the sounds letters in the alphabet make:				
Writes his/her name:				
Identifies numbers 0 – 10:				
Writes numbers 0 – 10:				
Identifies shapes (circle, square, triangle, and rectangle):				
Colors simple pictures neatly:				
Puts on clothing necessary for school (shoes, coat, hat):				

Form Completed By: _____ Date: _____

Relation to Child: _____