



Marion Cross School Records Release

Name of Student: _____

Please release all records regarding this student.

Please include health, special education, achievement test results, report cards, or any information pertinent to this child's educational career.

Fax or mail to the following address:

Bill Hammond, Principal

Marion Cross School

22 Church Street

Norwich, VT 05055

Fax: 802/649-3640

Parent/Guardian Signature: _____ Date: _____



Marion Cross School Primary Language/Home Language Survey

All parents registering their children in Vermont Public schools are required by the Vermont Department of Education to fill out this form, regardless of whether or not a second language is spoken at home. Please answer all questions below.

Student Information		
First Name:	Last Name:	Date of Birth: Gender: ___ M ___ F
City, State and Country of Birth:	Date of Entry in US (if applicable):	Date first enrolled in Kindergarten (or higher grade) any US school:
Parent Information		
Parent Name:	Home Phone:	
Parent Email:	Work Phone:	
School Information		
Entering School: Marion Cross School/Norwich VT 05055		
Enrollment Date:	Entering Grade:	
Questions for Parents/Guardians	Response	
What is the native language of each parent/guardian?		
What language(s) are spoken in your home?		
Which language did your child learn first?		
Which language does your child use most frequently at home?		
Which language do you most frequently speak to your child?		
What other languages does your child know?		



KINDERGARTEN QUESTIONNAIRE

This questionnaire is designed to help us get to know your child as you have seen him or her develop in the early years at home. This information, along with other observations, will help us plan the best start in school for your child. Please fill this out and bring it to registration.

Child's Name _____

Name you want on child's cubby and to be called in school _____

Parent's Name _____

Birthdate _____ Today's Date _____

Who lives in the home _____

Child's School History

Has child attended school before? _____ Yes _____ No

If yes, name of school _____

School's address _____

Dates of attendance: from (month/year) _____ to _____

Number of days per week: (check below)

_____ 2 days _____ 3 days _____ 4 days _____ 5 days

Early Intervention? _____

Has any family member or close relative had significant difficulty in school?

If yes, give: Name and Relationship Nature of Difficulty

What is your child's attitude towards starting kindergarten? _____

Do you have concerns about your child's learning ability? _____

Behavior or attention concerns? _____

Does the child have special skills of which the teacher should be aware? Special interests? _____

Are there special problems (physical or emotional) of which the teacher should be aware? (allergies, susceptibilities, areas of easy frustration) _____

Does either parent have special skills in which the kindergarten might share (musical ability, guitar, foreign language, cooking, etc.)? _____

Is there something at your home the class could share on a trip (animals, plants, lake, maple sugaring, etc.)? _____

BEHAVIORAL CHARACTERISTICS

Give a brief developmental history --

When did child first walk? _____

When did child first talk? _____

What were child's first words? _____

DESCRIBE YOUR CHILD: Please check the answer which best describes your child as he or she is right now. Except as indicated, only one choice should be checked. If you feel strongly that two answers are appropriate, check both and place a double check by the one which characterizes your child most of the time. Feel free to add comments.

1. PLAY

A. How does your child play with other children?

- _____ Has a lot of friends
- _____ Prefers one or two others
- _____ Plays mainly with brothers and sisters
- _____ Prefers to play alone

B. What does your child like to play?

- _____ Prefers outdoor activities
- _____ Prefers indoor activities
- _____ Likes both equally

In outdoor activities:

- _____ Prefers running, swinging, etc., by self
- _____ Prefers playing with a group of children

In quiet activities:

- _____ Prefers to play alone
- _____ Likes quiet games if other children are involved

C. When your child plays:

- Needs someone present much of the time or gets into trouble
- Occupies self by finding and doing own activity
- Gets bored easily in any one activity
- Spends little time in any one activity
- Needs a lot of things to keep occupied

D. When playing with puzzles or construction toys:

- Enjoys 6-8 piece puzzles and building with blocks (houses, garages, roads), tinker toys, or similar construction toys
- Won't play with these toys unless you sit and help
- Doesn't like this kind of toy
- Easily bored with this kind of toy

E. In using a pencil:

- Can write name or part of it
- Enjoys pretending writing activities
- Draws recognizable pictures
- Mostly scribbles
- Isn't interested in writing or drawing
- Colors on wall

F. In using scissors:

- Can use scissors with supervision
- Isn't interested in using scissors
- I don't let this child use scissors

G. What hand does child use: Left Right Both

2. WHEN TALKING

A. Speaking

- Speaks clearly most of the time
- Has some difficulty making self understood
- Hard to understand, especially by those outside the family

B. Sentences

- Talks in long sentences and paragraphs
- Uses mostly 2-3 word sentences
- Uses mostly single words

C. Tells story or about event at school, in play, etc.:

- Can relate a simply event using several sentences and ideas
- Gives general idea but can't give a lot of details
- Sometimes gets the time or events confused

_____ Can't seem to tell about events that have happened

D. When listening: (For example, if willing, can you send your child to find two things not in their usual place from verbal descriptions?)

_____ Easily understands what is said

_____ Sometimes unsure or confused

_____ Needs things repeated

_____ Only follows short directions or parts of long ones

E. Does your child misinterpret what is said? _____ Never _____ Sometimes _____ Often

3. WHAT TV DOES YOUR CHILD WATCH?

A. Amount of time per day: _____ 1/2 hr _____ 1 hr _____ 2 hrs _____ 3 hrs or more

B. Kinds of programs your child likes: _____

C. _____ Doesn't like TV

D. _____ Do not have TV

4. LISTENING TO STORIES BEING READ:

A. How does your child like to be read to:

_____ Likes this a lot

_____ Just started to like this

_____ Doesn't like it

B. Stories:

_____ Remembers the story, anticipates what's coming and often fills in words

_____ Asks for favorite story by telling general idea

_____ Doesn't seem to remember the story from one time to the next

C. Songs, Poems:

_____ Repeats short songs, poems, or nursery rhymes

_____ Just started to do this

_____ Remembers only a couple of lines or words

_____ Can't repeat songs and poems

5. BEHAVIOR:

A. Describe your child. Is your child:

_____ Friendly _____ Independent _____ Shy _____ Stubborn

_____ Cooperative _____ Difficult to handle

B. Is your child:

_____ Overactive _____ Average activity level _____ Quiet

C. Does your child get:

_____ Angry easily

_____ Easily upset

_____ Extremely quiet

_____ Very easygoing, unruffled

_____ Independent, likes own way

D. Is your child fearful of new situations or strangers? _____ Yes _____ No

6. EARLY HISTORY

Please remark on anything you consider unusual about your child's early development. (e.g., hospitalization, trauma, death of relative or friend, unusual milestones in walking or talking.)