

Child Record Form Instructions

The attached form is a general checklist used to assist Kindergarten teachers in getting to know their students. This checklist is based on the end of preschool benchmarks found in the Connecticut Preschool Curriculum and the Connecticut Preschool Assessment Framework*.

If your child has participated in any licensed preschool or early care program during the last year, please request that the teacher or early care provider familiar with your child complete the child record checklist. Once completed, please return the form to your child's school prior to the first day of Kindergarten. Thank you for helping us get to know your child and his/her previous learning experiences.

**Both documents can be found at the Connecticut State Department of Education's website at the following link:*
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320780>

GROTON PUBLIC SCHOOLS

4/30/2008

CHILD RECORD

Childs Name	Date of Birth:	
Teacher(s):		
Program:	Phone:	
Address of Program:		
Dates child attended program: From (m) (y)		To: (m) (y)
Dates form completed: Time.1(m) (y)	Time.2(m) (y)	Time.3(m) (y)
CHILD'S SPOKEN LANGUAGE		
Child's Dominant Language is:		
Child speaks dominant language clearly:		Child understands dominant language:
<input type="checkbox"/> Occasionally		<input type="checkbox"/> Occasionally
<input type="checkbox"/> Sometimes		<input type="checkbox"/> Sometimes
<input type="checkbox"/> Mostly		<input type="checkbox"/> Mostly
For children whose dominant language is not English also complete the following:		
Child speaks English clearly:		Child understands English:
<input type="checkbox"/> Occasionally		<input type="checkbox"/> Occasionally
<input type="checkbox"/> Sometimes		<input type="checkbox"/> Sometimes
<input type="checkbox"/> Mostly		<input type="checkbox"/> Mostly

HOME LANGUAGE INFORMATION	
Is a language other than English spoken at home	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes...A. What language?	
B. What is the primary language SPOKEN TO the child at home?	
C. What language does the CHILD use at home? <i>(Please check one line below)</i>	
<input type="checkbox"/> Only English	
<input type="checkbox"/> Mostly English and sometimes	
<input type="checkbox"/> Mostly	and sometimes English
<input type="checkbox"/> Only	

ADJUSTMENT TO PROGRAM/RELATIONSHIPS WITH ADULTS
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<i>How did the child adapt to your program? Please briefly describe the child's interactions with adults.</i>

GROTON PUBLIC SCHOOLS

3/24/2008

CHILD PROFILE

Child's Name: _____ Teacher: _____
 Date of Birth: _____ Program: _____

Performance Standards	Benchmarks for 2 ½ - 6 year-olds		
Age	More Time Needed	Meets	Exceeded
<i>Personal and Social</i>			
Shows self-direction			
Sustains attention			
Participates in groups			
Manages transitions			
Expresses emotions			
Shows empathy			
Cooperates with peers			
Resolves conflicts			
Appreciates differences			
<i>Physical</i>			
Uses large muscles			
Uses small muscles			
Cares for self			
<i>Cognitive</i>			
Engages in inquiry			
Solves problems			
Sorts objects			
Makes patterns			
Compares & orders			
Quantifies			
Shows spatial awareness			
Uses sentences			
Understands conversations			
Understands stories			
Understands books			
Recognizes sounds			
Identifies words			
Writes for meaning			
<i>Creative</i>			
Builds and constructs			
Draws and paints			
Pretends in play			
Responds to music			

4/30/2008

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NARRATIVE SUMMARY

Child's Name:	Child's Age:	(y)	(m)
Teachers:	Report Date:	(m)	/(yr)
Program:			

Child/s Strengths and Growth

Areas that Need Strengthening

Child's Interests and Passions