

## Class Placement Survey

Kindergarten – 2017-2018 School Year

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

1. Did your child participate in Parents As Teachers? Y\_\_\_\_\_ N\_\_\_\_\_

2. Did your child go to preschool? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, what preschool? \_\_\_\_\_

3. Does your child have an IEP? Y\_\_\_\_\_ N\_\_\_\_\_

4. Does your child separate easily from parent(s)? Y\_\_\_\_\_ N\_\_\_\_\_

5. Does your child cry easily? Y\_\_\_\_\_ N\_\_\_\_\_

6. Can your child independently use the bathroom? Y\_\_\_\_\_ N\_\_\_\_\_

7. Does your child have tantrums? Y\_\_\_\_\_ N\_\_\_\_\_

8. Does your child have any medical conditions that would in any way restrict him/her at school or at play such as nosebleeds, asthma, diabetes, heart issues, etc.? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there anything further that you would like us to know about your child, academically or behaviorally? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you interested in learning more about the Affton Backpack Program that provides weekend food support to families?

Y\_\_\_\_\_ N\_\_\_\_\_

11. A few days before school starts, would you allow us to put a *yard sign* in your yard that welcomes our new Kindergarten Class?

Y\_\_\_\_\_ N\_\_\_\_\_

*For office use only:*

*Brigance Score* \_\_\_\_\_

*Teacher* \_\_\_\_\_

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