



4210 Harding Road Nashville, TN 37205 615.292.5134

KINDERGARTEN PARENTS' REPORT

NAME OF CHILD _____ DATE _____

The child's first experiences in school are most important. Information about your child as parents know him/her at home will be of great value to the admissions committee. Please complete this report and return to Overbrook once a formal application has been submitted. If you need more space for responses please use the back side of this questionnaire.

1. Are there any health problems? (Hearing, vision, allergies - food, other.) If yes, please explain.
2. What are his/her feelings about starting kindergarten?
3. In relation to significant medical history, are you aware of any accommodations that your child may need to facilitate a smooth transition if accepted to Overbrook's Kindergarten Program?
4. How well does your child get along with siblings and other children in the neighborhood?
5. What are his/her fears and worries, if any?
6. How easily does he/she become upset? How does, he/she express emotion? (Cries, pouts, anger, etc.)
7. Is your child currently attending a Mother's Day Out, daycare, etc.,? If yes where and for how long?
8. Does your child have any difficulties with articulation or coordination? If yes to articulation, is your child in speech therapy? If so, where and what exactly is the goal of your child's therapist?
9. Who disciplines your child? What method is used? How does your child usually respond?
10. What are your expectations for your child entering a kindergarten program?
11. Is there anything you would like to share about your child that has not been asked?

Mother and/or Father _____

Other Guardian _____

Thank you!