CARVER ELEMENTARY SCHOOL

SCHOOL HISTORY

Parent/Guardian: Please write your child's name, the name and address of the preschool or childcare program your child attends, and sign and date the form. Please bring this form to your child's current school to be completed. The rest of the document is to be completed by your child's preschool teacher or daycare provider. Once completed, please return to Carver Elementary School.

Preschool/Childcare Provider: Please complete this form for the child named below. Sharing your current knowledge of this child will enhance his/her successful entry into our Kindergarten program. We appreciate your time and effort. Please check the appropriate box and add any comments which you feel are relevant. Thank you.

TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name_____

Preschool/Childcare Program_____

Program Address:_____

I authorize my child's preschool/day care program to release the information requested on this form to Carver Elementary School, 85 Main Street, Carver, MA 02330.
Parent/Guardian Signature_____

TO BE COMPLETED BY PRESCHOOL/CHILDCARE PROGRAM

Form completed by (Teacher's name):_____

Days attended per week:_____ Full/part time_____

Length of time in program:_____ Teacher/pupil ratio_____

	Most of the time	Emerging/Sometimes	No/Not Yet
Works independently			
Requires teacher supervision for independent activities			
Comfortable with adults			
Seeks adult attention appropriately			
Self regulates			
Easily frustrated			
Solves problems with peers appropriately			
Shy with peers			
Participates in group activities			
	Most of the time	Emerging/Sometimes	No/Not Yet
Respects rules/routines			
Is willing to try new tasks			
Uses bathroom independently			
Demonstrates self-help skills			
Expresses self/uses speech to communicate			

The kindergarten teachers are eager to provide a program which will be both beneficial and enjoyable for our children. Please list below any information which will be helpful in achieving this goal.

Comments on overall development level.

Please return this form as soon as possible to:

Carver Elementary School
85 Main Street
Carver, MA 02330

Should you have any questions, please call the school at 508-866-6210. Thank you for your cooperation!