

# Dunellen Public Schools

Dunellen Board of Education

Phone: (732) 968-3226

Dunellen, New Jersey

Fax: (732) 968-3513

## \*\*\* Kindergarten Registration 2017-2018 \*\*\*

### Kindergarten Only:

If you are a Dunellen resident and have a child whose fifth birthday falls on or before **October 1, 2017**, you may register your child for the 2017-2018 Kindergarten Program at John P. Faber Elementary School. Kindergarten Registration will be held by **appointment only**. Please call 732-968-3226 x13 to schedule your appointment. Forms needed for the registration process will be available on the Dunellen Public Schools website ([www.dunellenschools.org](http://www.dunellenschools.org)) or may be picked up in the John P. Faber Elementary Main Office located at 400 High Street.

### PARENTS MUST BRING THE FOLLOWING AT TIME OF REGISTRATION:

#### 1. Completed Registration Form

#### 2. Proof of Residency

- If you **own** your home - provide a current property tax bill, current mortgage statement or deed
- If you **rent** your home - provide a **current** lease. If you do **not** have a lease please contact the Board Office for an Affidavit of Residency. This Affidavit must be completed by the owner of the home and needs to be notarized.
- **In addition to the above, you must present four (4) current forms of documentation, such as:** PSE&G bill, cable bill, phone bill, drivers license, medical/insurance bill, bank statement, court orders, voter registration card, state agency documents (all documents must have parent/guardian's name and Dunellen address)

#### 3. Original Birth Certificate

#### 4. Health Immunization and Physical Examination Form

Doctor's certificate or public health record indicating the following:

- Physical Examination completed by a physician - must be **5 year** physical examination **or** if student is not 5 at the time of registration then parent/guardian must bring the 4 year physical and immunization records.
- DTaP - 4 doses with one given on or after the 4<sup>th</sup> birthday or any five doses.
- Polio - 3 doses with one given on or after the 4<sup>th</sup> birthday or any four doses. Intervals between the doses cannot be less than 1 month.
- Measles - 2 doses of a measles containing vaccine with the first dose given on or after the 1<sup>st</sup> birthday. Intervals between the first and second doses cannot be less than 1 month. Laboratory evidence of immunity is also acceptable.
- Mumps-Rubella vaccines - 1 dose of each given on or after the 1<sup>st</sup> birthday required. Laboratory evidence of immunity is also acceptable.
- Varicella (chicken pox) vaccine - 1 dose given on or after the 1<sup>st</sup> birthday. Children, who present documented laboratory evidence, a physician's statement, or parental statement of previous varicella disease, shall not be required to receive the varicella vaccine.
- Haemophilus Influenza B (Hib) - minimum of one dose needed after the 1<sup>st</sup> birthday.
- Hepatitis B vaccine - 3 doses or laboratory evidence of immunity. See [www.immunize.org](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov) for specific information regarding the 3 doses.
- Pneumococcal conjugate vaccine - minimum of one dose needed after the 1<sup>st</sup> birthday.
- Flu vaccine - proof of an **annual** influenza vaccine.
- Mantoux Tuberculin Test is required for any child who was born out of the country or lived out of the country.
- Medical records must be certified and **translated** if needed at time of registration.

Registration is considered complete when **ALL** documentation has been provided by the parent/guardian and has been properly recorded at the school. Thank you for your cooperation and please do not hesitate to contact us with any concerns or questions you may have.

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## PRELIMINARY INFORMATION- PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

*Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.*

*Note that the following do **not** affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

**Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.**

*If you experience difficulties with the enrollment process, please see  
Eileen Sanok, 732-968-3226 x13, Board of Education Office for assistance.*

**ORDINANCE 06-26**

**BOROUGH OF DUNELLEN**

**AN ORDINANCE THAT WILL PROHIBIT ANY PARENT OR OTHER PERSON FROM ENROLLING A NON-RESIDENT STUDENT IN THE DUNELLEN SCHOOL SYSTEM**, Introduced on December 18, 2006, is presented for public hearing and final adoption by the Governing Body of the Borough of Dunellen, in the County of Middlesex, State of New Jersey, on January 8, 2007. Copies of this ordinance are available to the public at the Municipal Clerk's Office:

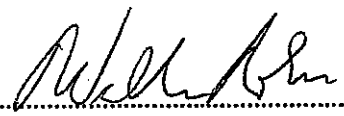
WHEREAS, the Board of Education of the Borough of Dunellen has approved a resolution dated December 5, 2006, requesting the Mayor and members of the Dunellen Borough Council to enact an Ordinance that will prohibit any parent or other person from enrolling a non-resident student in the Dunellen School System, and

WHEREAS, the Mayor and Council of the Borough of Dunellen recognize that enrollment by non-resident students causes a financial burden on the residents of the Borough of Dunellen.


NOW, THEREFORE, BE IT RESOLVED, by the Mayor and Council of the Borough of Dunellen, that:

- SECTION 1.** It shall be unlawful for any parent or guardian to assist, aid, abet, allow, permit, suffer or encourage a minor to register or enroll in the Dunellen School System where the minor is ineligible to attend as a result of the minor's non-resident status.
- SECTION 2.** It shall be unlawful for any person to knowingly permit his or her name, address, or other residence-designating documentation to be utilized in the registration or enrollment of any non-resident student in the Borough of Dunellen School System unless previous approval has been granted by the Superintendent of the Dunellen School System or his or her designee.
- SECTION 3.** Any person violating or failing to comply with any of the provisions of this section shall, upon conviction thereof, be punished by a fine of not more than One Thousand Five Hundred Dollars (\$1,500.00).

This ordinance shall take effect after final passage and in publication in accordance with the law.

  
Clerk of the Borough of Dunellen

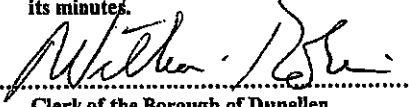
Approved ..... 1/8/07 .....

  
Mayor of the Borough of Dunellen

I certify the foregoing to be a true and correct abstract of a resolution regularly passed at a meeting of the Common Council of the Borough of Dunellen, held

..... 1/8/07 .....

and in that respect a true and correct copy of its minutes.

  
Clerk of the Borough of Dunellen

# Dunellen Public Schools

Dunellen Board of Education

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## REGISTRATION FORM

Date: \_\_\_\_\_

Homeroom: \_\_\_\_\_ (office use)

### General Information of Student:

Grade: \_\_\_\_\_  Male  Female

Name of Student (as it appears on the Birth Certificate):

\_\_\_\_\_

Last Name	First Name	Middle Initial
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Student's Home Address: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ if US: \_\_\_\_\_  
City/State

If **not** born in the United States, date student entered US \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Primary Telephone # \_\_\_\_\_  Home  Mobile

Student Resides with:  Parents  Mother  Father  Guardian

If parent/guardian does not own home:

Landlord's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Is English the primary language spoken in the home?  Yes  No  
If no, what is the primary language? \_\_\_\_\_

Ethnic/Racial Heritage

African/American Black  Asian  American Indian/Alaska Native

Caucasian  Hispanic  Native Hawaiian/other Pacific Islander

Has the student been enrolled in a United States School more than 3 years?

Yes  No

If **no**, enter the date they were enrolled in a US school? \_\_\_\_\_

**PLEASE LIST BROTHERS/SISTERS (under age 18 who are living at home with you):**

Name	Sex	Birth Date	Current School	Grade

**Father's**/Guardian's Name: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother's**/Guardian's Name: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who has Legal Custody of the Student: \_\_\_\_\_

Are there any restrictions?  Yes  No

Marital Status of Parents (please check one)

Married  Separated  Divorced  Single

If separated/divorced, please advise main office if other parent should have access to student(s). If not, please provide court order or other written legal documentation.

**Transfer Student(s) Only**

The student(s) transferred from:

(Name of student(s), Name of school, Town of school **and** last date attended)

\_\_\_\_\_

\_\_\_\_\_

The student(s) were enrolled in (Please check appropriate programs)

Special Education Classes:

Resource Room  Self-contained class  Counseling  
 Speech  Adaptive Physical Education  IEP  504

Basic Skills Improvement:  Reading  Writing  Math

English as a Second Language:  Yes  No

**Transfer students must submit the following documentation:**

Transfer Card (from previous school)

Current Report Card

IEP (if applicable)

504 (if applicable)

**THIS SECTION IS TO BE COMPLETED BY THE PARENTS OR GUARDIANS WHO'S PERMANENT HOME IS IN DUNELLEN:**

How long have you lived in Dunellen? \_\_\_\_\_

Do you have any present intention of moving from Dunellen?  Yes  No  
If yes, when and to where? \_\_\_\_\_

Do you have a residence elsewhere?  Yes  No  
If yes, where is it and when do you live there?  
\_\_\_\_\_

If you are the student's guardian, you must provide a copy of the official papers proving guardianship. Attached?  Yes  No

Four (4) forms of proof of residency must be provided to Dunellen School District officials, **in addition to a current lease or deed/property tax bill**. If you do not have a lease, please contact the Board Office for an Affidavit of Residency. This Affidavit is to be completed by the owner of the home and must be notarized.

Please choose any of the following forms of proof and check the box next to the proof which you will show to Dunellen school administrators that you reside in Dunellen:

- Voter registrations card
- License or permit including driver's license
- Financial account information or cancelled checks
- Insurance card or certificate
- Employer ID which shows your address
- Mortgage
- Utility bill(s) – i.e. electric/gas, water, cable, phone, garbage, etc.
- Court order, State agency agreement or other evidence of court or agency placement of student at your address
- Other evidence of expenditures made which show that you have a personal attachment to your address
- Any other form of proof you wish to submit to document your address

(DO **NOT** SUBMIT TAX RETURNS, IMMIGRATION PAPERS, SOCIAL SECURITY CARDS OR ANY INFORMATION REFERRING TO COMPLIANCE WITH LOCAL HOUSING ORDINANCES.)

**Enrollment by Someone Other than Parent or Guardian**

Name of Person Enrolling Student if Not Parent or Guardian:  
\_\_\_\_\_

Relationship to Student (if not Parent or Guardian): \_\_\_\_\_

Is parent or guardian on active duty with the United States Armed Forces or National Guard?  Yes  No

Why are you enrolling the student, rather than the parent or guardian?  
\_\_\_\_\_  
\_\_\_\_\_

***If you are not the student's parent or guardian but the student is living with you in Dunellen, please complete the Sworn Residency Affidavit which you can obtain from the Dunellen School District, see Eileen Sanok, Registrar.***



I/we fully understand that the Dunellen Public School District retains the full right to verify any information contained in this application at any time during the period for which enrollment is pending or after enrollment has actually taken place. If at any time the pupil registered no longer qualifies as a Dunellen pupil, I/we shall forthwith advise the office of the Superintendent of Schools, High and Lehigh Streets, Dunellen, NJ 08812. I/we fully understand that failure to do so shall hold me/us legally responsible for all tuition costs, legal costs and any other expenses incurred by the Dunellen Public School District during that period of time for which the pupil was not qualified for enrollment. I/we understand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded to any other school district or school until such costs have been settled with the Dunellen Public School District. I/we swear that the information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statute 18A:38-1.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

The following documents should be presented at time of registration:

- Birth Certificate
- Updated Immunization Record – document must be in English with the student’s name, doctor or clinic name, and month/date/year of shots
- Transfer Card (if transferring from another school)
- Current Report Card (if transferring from another school)

The school district’s Residency Officer will be visiting your home to verify your Dunellen residency.

**If you have any questions about any parts of this form, please contact Eileen Sanok, Registrar, at 732-968-3226 x13.**

**DUNELLEN PUBLIC SCHOOLS  
STUDENT HEALTH & PHYSICAL EXAMINATION FORM**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**IMMUNIZATIONS:**

DPT #1		DPT #2		DPT #3		DPT #4		DPT #5	
OPV #1		OPV #2		OPV #3		OPV #4		OPV #5	
HIB #1		HIB #2		HIB #3		HIB #4			
HEPB #1		HEPB #2		HEPB #3		MMR#1		MMR#2	
PCV #1		PCV #2		PCV #3		PCV #4			
Varicella #1		Varicella #2		Tdap		Meningococcal		Influenza	

**MANTOUX TEST:**

Date administered \_\_\_\_\_ Date read: \_\_\_\_\_ Results: \_\_\_\_\_  
(Required for new and transferring pupils from out of state/NJ identified communities)

**PHYSICAL EVALUATION:**

Date of Exam: \_\_\_\_\_

**VITAL SIGNS:**

Height: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_  
Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Resp: \_\_\_\_\_

**EXAM FINDINGS:**

	Normal	Abnormal		Normal	Abnormal
Head			Abdomen		
Eyes			Genitalia		
ENT			Menses		
Mouth			Skin		
Teeth			Extremities		
Throat			Spine/Neck		
Ears			Neurological		
Lymph Glands			Romberg		
Chest			Coordination		
Heart			Normal Reflex		
Lungs			Gait		
Tanner Stage			Scoliosis (Age 10 & up)		

Vision: R: \_\_\_\_\_ L: \_\_\_\_\_ Hearing: R: \_\_\_\_\_ L: \_\_\_\_\_

Current Medications/Treatments: \_\_\_\_\_

Physician's comments/recommendation: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name & Phone Number \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

**HEALTH HISTORY:** (This section is to be completed by a **parent/guardian**)

	Yes	No
Premature Birth?		
Complications during pregnancy/delivery?		
Problems w/early development?		
Behavioral problems?		
Past hospitalizations or surgeries?		
Childhood illnesses, (chicken pox, measles)?		
Serious illnesses?		
Chronic illnesses or conditions?		
Allergies?		
Hives/reaction to bees?		
How were you treated:		
Asthma?		
Convulsions or seizures?		
Dizziness or fainting w/exercise?		
Chest pains, palpitations, irregular heartbeats, murmur, blood pressure problems?		
Bone fractures or dislocations?		
Head injury? Loss of consciousness after an injury?		
Speech problem?		
Dental problem?		
Difficulty hearing?		
Use of hearing aids?		
Frequent ear infections?		
Wears glasses/contact lenses?		
Food sensitivities?		
Any current medications? If so, please list:		
_____		
_____		
_____		

Please comment on any "Yes" responses. Please provide dates and details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**John P. Faber Elementary School  
Dunellen, New Jersey**

**Kindergarten Information Form**

Date: \_\_\_\_\_

Child's Given Name: \_\_\_\_\_

Name Child goes by: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**FAMILY COMPOSITION**

Siblings & Ages: \_\_\_\_\_  
\_\_\_\_\_

Other language(s) spoken in the home: \_\_\_\_\_

**PRIOR SCHOOL EXPERIENCE**

Name of Pre-School \_\_\_\_\_ # of years attended \_\_\_\_\_

First Year

\_\_\_\_\_ one-half day

\_\_\_\_\_ full day

\_\_\_\_\_ # days per week

Second Year

\_\_\_\_\_ one-half day

\_\_\_\_\_ full day

\_\_\_\_\_ # days per week

Third Year

\_\_\_\_\_ one-half day

\_\_\_\_\_ full day

\_\_\_\_\_ # days per week

Prior School Adjustments:

\_\_\_\_\_ excellent

\_\_\_\_\_ good

\_\_\_\_\_ poor

Attitude Towards Coming To School:

\_\_\_\_\_ fearful

\_\_\_\_\_ uncertain

\_\_\_\_\_ eager

**DEVELOPMENTAL MILESTONES**

At what age did your child:

Sit Up \_\_\_\_\_

Walk \_\_\_\_\_

Become Toilet Trained \_\_\_\_\_

Crawl \_\_\_\_\_

Speak Words \_\_\_\_\_

Use Sentences \_\_\_\_\_

1. Is your child left or right handed? \_\_\_\_\_

2. Please check one box for each: Always Never Sometimes

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. Does your child play cooperatively with peer(s)?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does your child help other children spontaneously?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does your child follow adult direction without complaint?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does your child willingly leave your side to join a group activity?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does your child complete activities when given?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does your child work alone when appropriate?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Does your child in general care for self?<br>(i.e. dressing, feeding, toileting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please answer the following questions:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Can your child recognize the letters of the alphabet? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Can your child read sentences, stories?               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Can your child recognize sight words?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Can your child count?<br>How far? _____               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Can your child cut with scissors?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Can your child hop & skip?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Can your child catch & throw?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Can your child color within given lines?              | <input type="checkbox"/> | <input type="checkbox"/> |

4. Please note any concerns you have about your child entering kindergarten:

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Preschool Teacher Input Sheet

(To be completed by your child's Preschool Teacher)

Student Name \_\_\_\_\_

Teacher \_\_\_\_\_ Preschool \_\_\_\_\_

Date \_\_\_\_\_

How long have you worked with the student? \_\_\_\_\_

How many times a week? \_\_\_\_\_ Full day? \_\_\_\_\_ Half day? \_\_\_\_\_

Please respond to the questions by checking off the category that best describes the student.

	Sometimes	Always	Never
Follow directions			
Responds positively to an authority figure			
Gets along well with others			
Demonstrates age appropriate fine motor skills			
Demonstrates age appropriate gross motor skills			
Separates easily from parent/guardian			
Learns new information easily			
Retains what has been taught			
Is inquisitive about new experiences			
Clearly expresses ideas in a verbal form			
Makes friends easily			

Is there any special information or situation that should be considered in placing this child in kindergarten?

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