



Hillside School
Kindergarten Parent Input Form

Parents are a child's first teacher. Please tell us about your child.
Please feel free to add any additional comments after each question.

Child's Name: _____

Child's Date of Birth _____

Parent's Name _____

Did your child attend preschool? _____

If yes, name of preschool? _____

Can your child write his or her first and last name?

___yes ___no

Can your child count to 10? ___yes ___no

Can your child recognize and name numbers 1 - 10?

___yes ___no

Can your child recite the alphabet? ___yes ___no

Can your child recognize and name most uppercase and lowercase letters? ___yes ___no

Please share any other information or concerns that you believe might be important for us to know about your child.