



# Parent Input for Placement - Kindergarten

<input type="checkbox"/> Zoned to Casis
<input type="checkbox"/> Older sibling enrolled
<input type="checkbox"/> AISD staff
<input type="checkbox"/> Applied for transfer
<input type="checkbox"/> Approved transfer (Casis admin use only)

**Creating classes that address the needs of all students is a complex process. We welcome your thoughts regarding the learning environment that will work best for your child. Thank you for not requesting teachers or classmates by name.**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
first last name s/he likes to be called

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

	Parent/Guardian	Parent/Guardian
Name		
Address		
Primary phone #		
Secondary phone #		
Email address		
Occupation		

List all children in family, including this child, in order of birth:

Name	Gender	Birthdate	Age	Grade

List all previous schools (public or private): \_\_\_\_\_

Health conditions/concerns: \_\_\_\_\_

Severe (anaphylactic) allergies: \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

My child needs to learn: \_\_\_\_\_

Place an "X" below to describe your child's work habits and behaviors

	Seldom	Sometimes	Most of the time	All of the time
Recognizes alphabet				
Knows letter sounds				
Writes the letters				
Reads words				
Identifies colors				
Counts to ten				
Recognizes numerals 1-10				
Recites first and last name				
Follows two-step directions the first time (ie. "brush your teeth and put on your pajamas")				
Follows routines independently (ie. dresses self and combs hair)				
Listens attentively to a bedtime story				
Attends to a task for five minutes or more				
Plays well with others				
Accepts consequences when corrected				

Does your child have any special development needs (speech, occupational or physical therapy etc.)? Please attach any relevant information \_\_\_\_\_

What additional information should be considered in placement? If your child has received or has been assessed for special services (speech, occupational or physical therapy, etc.), please provide copies of reports.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with your child's registration packet. Attach any additional information from your child's previous school if you feel it might be helpful. The principal is responsible for final class placement.