

Minnetonka Early Enrollment Preschool Questionnaire

Dear Preschool Provider,

The parent(s) of _____ have requested early enrollment to kindergarten for next year. As a part of the process of gathering information to make the decision I am requesting that you complete this questionnaire and return it to me. This information is needed no later than March 15. We thank you in advance for providing your observations about this child. Please feel free to contact me if you have questions at joan.larson@minnetonkaschools.org or 952-401-6992.

Sincerely,

Joan Larson, Early Enrollment Coordinator
Clear Spring Elementary School
5701 County Rd. 101
Minnetonka, MN 55345
Fax #952-401-6955
Joan.larson@minnetonkaschools.org

Person completing this form _____ Day Phone Number _____

Title _____

Relationship to the child: _____

1. Check the self-help tasks this child can perform independently.

zip _____	dress in outer clothing _____
button _____	manage toileting _____
tie _____	

Comments:

Please consider all questions and statements. Be sure each response is as complete as possible. Use the back of this form if necessary.

1. Describe any behaviors or accomplishments that lead you to believe this child has exceptional and early development.

2. What do you see as possible advantages and disadvantages of acceleration for this child?

Advantages:

Disadvantages:

Child's Characteristics

1. Please provide examples of how this child reasons things out, recognizes relationships or comprehends abstract meaning.

2. Describe this child's curiosity:

3. Describe this child's interest in books and reading:

4. If this child does read, do you know how this learning occurred?

5. What knowledge of numbers and basic arithmetic does this child display in your setting?

6. What are this child's favorite activities at your school?

7. What is the child's interest and skill level in fine motor activities? (cutting, writing)

8. Describe the gross motor activities this child enjoys (skipping, swinging, catching, etc.)

9. Describe this child's ability to play or work with others:

10. Describe this child's ability to follow through to completion on an activity that excites him/her. Please use examples.

11. Describe how this child deals with conflicts or problems, i.e., conflicts with others, not getting his/her own way, having to make a choice between three favorite things, etc.

12. Describe this child's ability to take risks. How does this child deal with unfamiliar activities?

13. Describe how this child deals with frustration:

14. Describe this child's attention span:

Please give any additional information which you feel is significant.

Please send this completed questionnaire by March 15 to Joan Larson. Thank you for completing this form.