Preschool/Daycare Provider Questionnaire

TO: Incoming Kindergarten Parents

Please supply this form to your child's preschool or daycare provider with a <u>return envelope</u> addressed to Larkspur-Corte Madera School District, 230 Doherty Drive, Larkspur, CA 94939, Attention Registration. Ask them to fill out this form and <u>return it directly to the Larkspur-Corte Madera School District</u> at their earliest convenience.					
I give permission to my child's preschool/childcare persons to complete the information below.					
Name of child:					
Parent	t's Signature: Print name	e:		-	
TO: Preschool and Childcare Teachers FROM: Larkspur-Corte Madera School District Please take a few moments to complete the following questionnaire and return it to Larkspur-Corte Madera School District office as soon as possible. Your frank and honest assessment will assist us greatly in creating balanced kindergarten classes in the fall. We appreciate any/all relevant information you may					
provide to us.					
Name of Preschool:Phone #:					
Name of Caregiver:		Pho	Phone #:		
		Usually	Sometimes	Not yet	
1.	Controls emotions, shows self control				
2.	Is independent, self sufficient				
3.	Listens, follows directions				
4.	Works/plays well with others				
5.	Stays focused during whole group activities				
6.	Separates easily and comfortably from parents				
7.	Child's activity level Very quie	t Quiet	Active	Very active	
8.	Child is primarily a	Follower		Leader	
Please contact me directly for further information on this child. Phone #: Should this child be separated from another child? If so, who? Please provide any additional comments that would assist in the child's placement:					
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