

## Pre-Kindergarten check

Child's Name \_\_\_\_\_

*Please have your child give a urine sample. Cups are in the bathroom.*

(please circle all that apply)

My child can:

hop on one foot   climb well   count 4 objects   tell a story   "role plays"   can go potty unaided  
throw a ball

My child has been in preschool and the teacher feels is OK for kindergarten:

yes                      no

My child enjoys other kids:

yes                      no

Screen time for my child is about \_\_\_\_\_ hours daily.

My child and I fight over his/her diet:

rarely/Never            sometimes            daily

My child has seen the dentist:

once or twice                                      regularly

My child has issues with:

potty            behavior            sleep

I think our family's stress level right now:

is low            is pretty average            is high

The insurance I have is through:

work                      the state                      health care exchange

My child rides in:

booster seat            seatbelt            only back seat            the front seat

My child has seen the following specialists since our last visit: \_\_\_\_\_

Are there any recent or upcoming changes for the family (moves, births, etc.)?

yes                      no

Please ask your child to "draw a person" and write their name on back of paper. Don't prompt them to add anything to the picture; we are interested in seeing what they do on their own.

Do you have any questions or concerns? (if yes, please list on the back)