Kindergarten Student Registration Check-list

_____ Completed Registration Form

_____ Original Birth Certificate (we will make a copy)

_____ Guardianship Status Paper

_____ Completed Utah School Immunization Record

_____ Proof of Residency: *2 needed

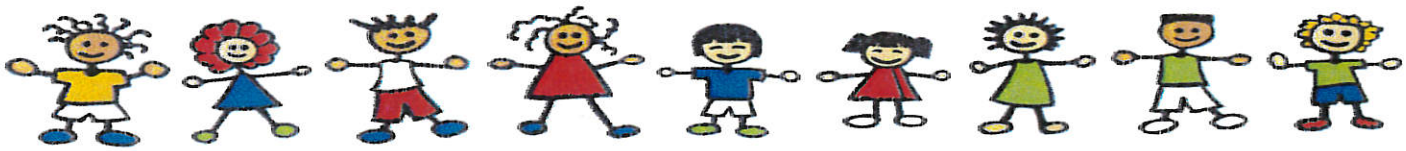
*Title or Mortgage statement or lease agreement

AND

*Current utility bill dated within last 60 days

_____ Have your student been in Resource, had an IEP or 504

_____ Do we have your email address



Lista de Verificación de Nuevo Estudiante de Kindergarten

____ Formulario de inscripción

____ Certificado de Nacimiento Original (Haremos una copia)

____Papel de estado de tutela

____ Cartilla de Vacunación escolar de Utah complete

____ Prueba de residencia: 2 necesaria

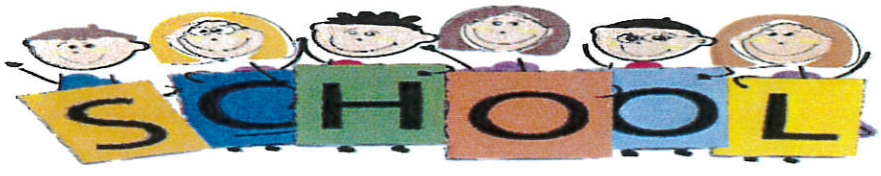
***Título o declaración de la hipoteca o el alquiler del acuerdo**

Y

***Factura de servicios públicos fechada dentro de los últimos 60 días**

____ Ha sido su alumno en recursos, tiene un IEP o 504

____ Tenemos su dirección de correo electrónico



HOLT SCHOOL DISTRICT
STUDENT INFORMATION FORM

The District is requesting this information under the authority of PL 94-142, Title IV of the Civil Rights Law and State Administrative Rule R227-716 (1 to 5). This information will be handled confidentially and will be used only for the purposes noted in the law or rule. This information will not subject you to any unfair or discriminatory treatment.

FOR SCHOOL USE ONLY:	Proof of Residence	Variance	Track	Birth Certificate	Special Concerns	Teacher	SSID

Student's Legal Last Name	Legal First Name	Middle Name	Suffix	Preferred Last Name	Preferred First Name	Date of Birth	Grade in School

__ Male __ Female

Ethnicity (Choose one):
__ Hispanic/Latino __ Not Hispanic/Latino

Race (Choose one or more, regardless of Ethnicity):
__ Black or African American __ American Indian or Alaskan Native __ Asian __ Native Hawaiian or Pacific Islander __ White

School Last Attended _____ Address _____ If Born Outside U.S. What Country _____ Date Entered U.S. _____

Father Guardian Information

Last Name	First Name	Middle Name	Suffix

Address	City	State	Zip	Apt #	Home Phone

Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone

Workplace:
Work Phone: Ext.

Economic Guardian __Yes __No
Resides With __Yes __No
Mailings __Yes __No

Email Address

Last 4 Digits of Ssno for online lunch payment

Mother Guardian Information

Last Name	First Name	Middle Name	Suffix

Address	City	State	Zip	Apt #	Home Phone

Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone

Workplace:
Work Phone: Ext.

Economic Guardian __Yes __No
Resides With __Yes __No
Mailings __Yes __No

Email Address

Last 4 Digits of Ssno for online lunch payment

Other Guardian Information

Last Name	First Name	Middle Name	Suffix

Address	City	State	Zip	Apt #	Home Phone

Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone

Workplace:
Work Phone: Ext.

Economic Guardian __Yes __No
Resides With __Yes __No
Mailings __Yes __No

Email Address

Last 4 Digits of Ssno for online lunch payment

Physical Status of Student

__ Glasses/Contacts __Hearing Aid __Physical Problems __Daily Medication

Health Problems:

Special assistance required for student to attend school:
__Transportation __ Adult Assistance __Wheelchair __Special Equipment

Physician

Physician Phone Nbr

Special Programs student currently receives

__ 504 __ ESL __Spec Ed/Resource - Speech and Language __ Title I

Absence Notification

__Email __ Internet __Phone __No Notification

What language does your son or daughter speak most often at home? _____

What is the first language your son or daughter learned to speak? _____

What language do you speak most often at home (parents or guardians)? _____

What is the first language you learned to speak (parents or guardians)? _____

PLEASE FILL OUT BOTH SIDES

UTAH DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student Information

Student Name _____ **Gender** ☐ Male ☐ Female **Date of Birth** _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given. 1st	2nd	3rd	4th	5th
DTP, DTaP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox)* 1st dose must be received on or after the 1st birthday.					
Hepatitis A (HAV) Must be received on or after the 1st birthday.					
Meningococcal					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____
   - ☐ Adequately Immunized
   - ***Or*** Exemption was granted for:
   - ☐ Medical (Expires* on: _____)
   - ☐ Religious
   - ☐ Personal
2. Conditional Admission date: _____
3. Not-in-Compliance date: _____

*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian

_____

Age of child at time of disease: _____

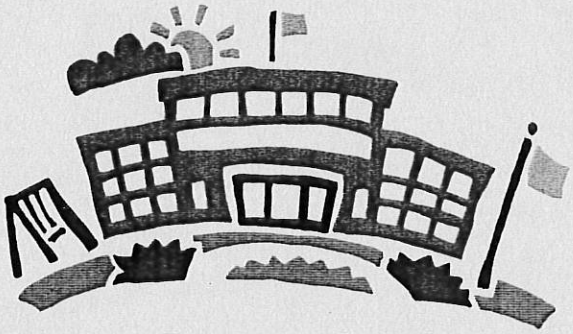
* If a student has history of the chickenpox disease, parent must sign to the right.

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 12/2014
www.immunize-utah.org
(801)-538-9450

Record Source: ☐ Physician ☐ Registered Nurse ☐ Health Dept. ☐ USIIS

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature:_____ Date:_____ Title: _____



Immunization Requirements
Kindergarten Entry 2017-2018

To attend kindergarten, a student *must have written proof* of receiving the following immunizations:

- **5 DTaP/DT** *(4 doses of DTaP, if 4th dose given on/after the 4th birthday)*
- **4 Polio*** *(3 doses, if 3rd dose was given on/after the 4th birthday)*
- **2 Measles, Mumps, Rubella**
- **3 Hepatitis B**
- **2 Hepatitis A**
- **2 Varicella (chickenpox)** – *history of disease is acceptable; a parent must sign the verification statement on the school immunization record.*

*The final dose of polio vaccine administered ON or AFTER August 7, 2009 must be given at a minimum age of 4 years AND a minimum interval of 6 months following the previous dose. The final dose of polio administered PRIOR to August 7, 2009 will fall under the previous recommendation with a minimum interval of 4 weeks between doses.

A child may be allowed to attend school "conditionally" if at least one dose of each *required* immunization has been completed and the child is currently on schedule to receive the remaining immunizations. The remaining immunizations must be completed on schedule for the child to remain in attendance.

For children whose parents claim an exemption to immunization for medical, religious, or personal reasons, an appropriate Utah Department of Health Exemption form must be completed and presented to the child's school and a copy kept in their cumulative file.

For questions regarding your child's immunization status, contact your child's health care provider, your local health department or the Immunization Hotline at 1-800-275-0659.

Rev 12/2016

UTAH DEPARTMENT OF HEALTH
Immunization Program

Davis School District

Guardianship Status

Under Utah Law and Davis School District Policy, a child is eligible to attend a school if their parent or legal guardian resides within the school's boundaries. *Exceptions to this may only be granted through the Boundary Variance process or the Student Services Department.*

Student's Name _____
Student's Birth date _____

Please select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

☐ * I am the parent (birth / adopted) of this child and this child lives with:
- ☐ Both Parents
- ☐ Mother
- ☐ Father

☐ I am the parent (birth/ adopted) of this child and am not currently married to the other parent:
- ☐ I have been awarded physical custody through the courts
- ☐ ** I am not listed on the birth certificate, but have established paternity

☐ **I am not the parent (birth or adopted) of this child. I am a relative or friend.
(Check only one)
- ☐ I have been awarded legal guardianship of this child through the court
- ☐ I have not been awarded legal guardianship of this child through the court.

☐ ***I am a foster or proctor parent.
Caseworker Name _____ Phone# _____

☐ None of the above statements describe my relationship to this child. (Please explain)

PICTURE IDENTIFICATION VERIFIED _____(Staff Initials)

Your Name: _____ Address: _____
Your Signature: _____ Date _____

---

* A copy of the birth certificate is required

** To assist us in complying with court orders, please provide us with a copy of all legal documents.

*** DCFS, Foster Care or Youth Corrections placement requires a District Case Management Team staffing with the Caseworker, prior to enrollment.

All Foreign Exchange Students must process through Student Services

Davis School District

Estado de custodia

Bajo la ley de Utah y la politica del Distrito Escolar de Davis, un niño(a) tiene el derecho de asistir a escuela solamente si su padre o uno responsable ante la ley o con custodia, vive adentro de las fronteras de dicho escuela. *Excepciones solas se dan por medio del proceso de Permiso de Variar de Fronteras o del Departamento de Servicios de Estudiantes.*

Nombre de Estudiante_____
Fecha de Nacimiento del estudiante_____

Favor de elegir la frase abajo que describe su relación al estudiante por quien Usted desea inscribir en esta escuela. Un formulario diferente se tiene que cumplir por cada niño que inscribe.

☐ Yo soy el Padre (nacido/adoptado) de éste niño y el/ella vive con:

☐ Ambos Padres ☐ Madre ☐ Padre

☐ *Yo soy el padre (nacido/adoptado) de éste niño(a) y no estoy casado al otro padre:
- ☐ Yo he sido otorgado custodia/responsabilidad ante la ley por medio del tribunal.
- ☐ Yo soy padre soltero(a) y el único que aparece en lar partida de nacimiento.

☐ **Yo no soy el padre (nacido u adoptado) de éste niño(a). Yo soy pariente o amigo
(Tachar solo uno)
- ☐ Yo he sido otorgado custodia/responsabilidad ante la ley por éste niño por el tribual.
- ☐ Yo no he sido otorgado custodia legal de éste niño por el tribunal.

☐ ***Yo soy un padre de acogida
Nombre del Caseworker (trabajador del caso) _____
Teléfono_____

Ninguno de los de arriba describen la relación que tengo con éste niño(a). (Favor de explicarse abajo)

PICTURE IDENTIFICATION VERIFIED_____(Staff Initials)

Su Nombre_____
Su Dirección_____ Teléfono_____
Su Firma_____ Fecha_____

* Para ayudarnos cumplir con los ordenes del tribual, favor de incluir una copia de los documentos legales.

** Después de verificar documentos legales, una Carta de Autorización del distrito de Davis se tiene que presentar antes de inscribir el estudiante.

*** Inscribir de DCFS, Cuidado de Acogida o Correcciones Juveniles requiere reunión del Equipo De Manejo de Caso del Distrito con el Caseworker (trabajador del caso), antes de inscribir.
Todo estudiante de intercambio internacional se tiene que procesar por Student Services.

_____ School

Proof of Residency Procedures

To be enrolled in _____ School, families must present TWO forms of documentation showing that their primary residence (the house in which they live) lies within the school boundaries. We may ask families to periodically update their residency in order to keep our records current. The following documents may be used in determining residency:

All applicants must submit at least one document from Column A and one document from Column B OR two documents from Column B.	
Column A	**Column B**
Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in cases of divorce), and physical address.	
·Rental/Lease Agreement ·Purchase/Escrow Agreement ·If you are living with another family, or you cannot provide either of the above: (1) provide a notarized statement from the person you are living with stating that you *and* your child(ren) live there, the address, and for what period of time, **AND** (2) a document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); **AND** (3) one or more items from Column B showing you live at the location. *If the situation is temporary, once you have moved into your own home, you will need to bring in proof of residency for your new home.*	**Dated within the past 60 days:** · Utility bill (gas, electric, home telephone, cable, etc.) · Letter from approved government agency (assisted housing, food stamps, unemployment payment) · Payroll stub · Bank or credit card statement · Valid driver's license · Current vehicle registration or insurance · Valid Utah photo identification card · Medical billing or insurance information **Dated within the past year:** ·W-2 form · Property tax bill
The following **do not** establish residency: · Powers of Attorney ·Property owned in school district boundaries · Letters from friends or relatives · P.O. Box in school district boundaries	

Student's Name: _____ Date: _____

Parent/Guardian Names: _____

Address of Parent/Guardian: _____

_____

*If the student has a sibling currently attending this school for which Proof of Residency has already been presented, school staff **may** consider the prior documentation to be sufficient for this student.*

Name of sibling currently attending this school: _____

Grade of sibling _____

School staff must verify and make notation below

This proof of residency procedure does not apply to homeless students. If you believe your family fits this exception, please ask school personnel for a Student Information Questionnaire

To be completed by school personnel

Type of document showing residency	Date on Document
1.	
2.	
3.	

School Staff Signature: _____

Date: _____

Escuela _____
Procedimientos de Prueba de Residencia

Para estar inscrito en la Escuela _____, la familia debe presentar DOS formas de documentación que muestren que la residencia principal (la casa en donde viven) está dentro de los limites geográficos de la escuela. Podemos preguntar a las familias periódicamente que nos actualicen su residencia (dirección) con el fin de mantener nuestros registros actualizados. Los documentos siguientes pueden ser usados para determinar la residencia:

Todas las personas que presentan un formulario de solicitud (aplicación) deben presentar por lo menos UN documento de la Columna A y UN documento de la Columna B O DOS documentos de la Columna B.

Columna A	Columna B
Los documentos deben tener el nombre del padre/s o tutor legal (padre con custodia o padre con el cual el estudiante vive más en caso de divorcio) y la dirección fisica.	
·Renta (alquiler) o contrato de renta ·Compra o acuerdo de depósito de compra ·Si usted está viviendo con otra familia o no puede ofrecer ningún documento anterior: (1) Presente una carta de la persona con la que vive que diga que usted/es *y* su hijo(s) viven allí, la dirección y por cuánto tiempo con la firma/ endorse de un notario, Y (2) un documento que muestre que la persona con la que está viviendo reside dentro los limites geográficos de la escuela o distrito escolar (Vea arriba los documentos aceptables) Y (3) uno o más documentos de la Columna B que muestre que usted vive en ese lugar. *Si la situación de vivienda es temporaria, una vez que usted se haya mudado a su nuevo hogar, tiene que traer un comprobante de residencia del nuevo hogar.*	**Con fecha dentro de los 60 dias pasados:** · Recibos o facturas (gas, electricidad, teléfono/s del hogar, cable, etc.) · Carta de una agencia de gobierno aprobada (hogar de pobres, estampillas de alimentos, pago por desempleo) · Recibo o talón de sueldo · Declaración del banco o tarjeta de crédito · Licencia de manejar válida · Seguro o registración de automóvil actual · Tarjeta con foto de identificación válida de Utah · Cuenta del Médico o información del seguro médico **con fecha dentro del año pasado** · Formulario W-2 (liquidación del sueldo) · Cuenta de impuesto de propiedad
Los siguientes **no** establecen residencia: · Poder de Abogado ·Dueño de lote de tierra dentro de los limites del Distrito Escolar · Cartas de parientes o amigos · Caja de Correo (P.O. Box) dentro de limites del Distrito	

Nombre del Estudiante: _____ Fecha: _____

Nombre del Padre/s/Tutor: _____

Dirección del Padre/s/Tutor: _____

_____

*Si el estudiante tiene un hermano/s que asiste actualmente a esta escuela en la que ya se presentó Prueba de Residencia, el empleado escolar **puede** considerar la documentación anterior como suficiente para este estudiante*

Nombre del hermano/s que asiste a esta escuela ahora: _____

Grado Escolar del hermano/s _____

Este procedimiento de prueba o comprobante de residencia no se aplica al estudiante que no tiene hogar (homeless). Si usted cree que su familia cumple esta excepción, por favor solicite al empleado escolar un Cuestionario de Información del Estudiante.

_____

_____

A ser completado por el empleado escolar

Tipo de documento que muestra la residencia	Fecha del Documento
1.	
2.	
3.	

Firma del Empleado Escolar: _____

Fecha: _____

Student Information Questionnaire
McKinney-Vento Eligibility
Davis School District

This voluntary questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11431 et seq. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to either of the above questions, please complete the remainder of this form.
If you answered NO to both questions, you may stop here.

Which of the situations below apply to the student?

[ ] H1 Student is sharing a residence with one or more families because of economic hardship.
[ ] H2 Student is living in a motel or hotel.
[ ] H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
[ ] H4 Student is living in a car, park, campground, or public place
[ ] H5 Student is living in a place without adequate facilities (not designed for heat, electricity water).
[ ] H6 Student is seeking enrollment without an accompanying parent (not in foster care).

- **Please notify the school if your living status changes.**
- **If a false claim is made about your living situation, enrollment may be affected.**

Student Name:_____ School:_____

Date: _____ Grade: _____ Gender: _____

Names and ages of school age and preschool age children:_____

_____

Parent Signature: _____

Parents: If you have any questions concerning this form or a homeless situation, please contact the Davis School District Homeless Liaison at 402-5609.

School: Please return those forms indicating a temporary residence to "District Homeless Liaison" at the District Office. Thank you.

Cuestionario de Información acerca del Estudiante-- Elegibilidad para McKinney-Vento

El propósito de este cuestionario es trartar el McKinney-Vento Education Assistance improvement Act 42 (Decreto de Asistencia de Mejoramiento Educativo McKinney-Vento 42 U.S.C. 11431.) Las respuestas a este cuestionario ayudan a determinar los servicios que el estudiante es elegible para recibir.

1. ¿Corresponde su dirección actual a un tipo de alojamiento provisional?

_____Sí _____No

2. ¿Este tipo de alojamiento provisional se debe a la pérdida de la vivienda o a problemas económicos?

_____Sí _____No

Si su respuesta a cualquiera de las preguntas anteriores fue SÍ, sírvase completar el resto de este formulario. Si su respuesta a ambas preguntas fue NO, puede detenerse aquí.

¿Cuáles de las situaciones siguientes se aplican al estudiante?

[ ] H1 El estudiante está compartiendo una residencia con una o más familias temporalmente.
[ ] H2 El estudiante está viviendo en un motel u hotel.
[ ] H3 El estudiante está viviendo en un refugio (violencia doméstica, emergencia o unidades de vivienda transitoria).
[ ] H4 El estudiante está viviendo en un automóvil, parque, zona de campamento o lugar público.
[ ] H5 El estudiante está viviendo en un lugar que carece de instalaciones adecuadas (agua corriente, calefacción, eletricidad).
[ ] H6 El estudiante está pidiendo que lo inscriban pero no está acompañado por uno de los padres (no está bajo tutela).

- ***SI hace una reclamación falsa en cuanto a la situación de su vivienda, esto puede afectar la inscripción .**
- *** Sírvase avisar a la escuela si cambia la situación de su vivenda.**

Nombre del estudiante_____ Escuela_____

Fecha_____ Grado_____ Sexo_____

Nombres y edades de niños de pre-escolar _____

Firma del Padre(s) _____

SCHOOL HEALTH INFORMATION

Student Name_____ Date_____

School_____ Grade/Teacher/Track_____

Special Ed Learning Center ☐

Special Ed Functional Skills ☐

☐ **NO HEALTH CONCERN**

Do you feel your student needs a plan of care (helps guide faculty and staff in meeting the needs of your student) on file at the school?

Yes ☐ No ☐

HEALTH CONCERN(S):

Allergy to:_____ EPI-PEN_____ Benadryl_____

Seizure_____ Diabetes_____ Glucagon at school_____

Asthma_____ Inhaler with student_____ Inhaler in office_____

Other_____

_____

Severity of Condition: (not severe) 1 2 3 4 5 6 7 8 9 10 (severe)

Medications needed at school? ☐ **YES** ☐ **NO**

Name of Medication/s:_____ Dose_____ Time_____

_____ Dose_____ Time_____

How to manage health concern/s at school:

_____

_____

_____

INFORMED CONSENT

I understand that my student's health information will need to be shared:

1. To benefit the student in terms of health maintenance and academic progress
2. When necessary to accommodate the safety and well being of students and staff
3. With the discretion of the School Nurse to determine what is shared and who should know

I understand that consent for sharing of health information will remain in effect as long as student is enrolled in Davis School District and may be revoked at anytime in writing by parent/guardian.

I understand if clarification of the health information is needed that my signature:

1. Authorizes the School Nurse to contact the medical provider
2. Authorizes the medical provider to release information

Parent / Guardian Signature:_____ Date:_____

Phone Numbers:_____

Nurse Signature:_____ Date:_____

INFORMACION DE SALUD ESCOLAR

Nombre del estudiante_____Fecha _____

Escuela_____Grado/Maestro _____

Centro de Aprendizaje de Ed. Especial _____

Habilidades funcionales de Ed. Especiales _____

Siente que su estudiante necesita un plan de atención en los archivos de la escuela? (Guía al profesor o personal en las necesidades de su estudiante) SI _____ NO_____

_____ **NINGUN PROBLEMA DE SALUD**

Problemas de Salud

Alergia a: _____ EPI-PEN _____ Benadryl _____

Convulsión _____ Diabetes _____ Glucagón en escuela _____

Asma_____ Inhalador con estudiante _____ Inhalador en oficina _____

Otros_____

_____

Severidad de la condición: (NO GRAVE) 1 2 3 4 5 6 7 8 9 10 (GRAVE)

Medicamentos necesarios en la escuela? _____ **SI** ____ **NO**

Nombre del Medicamento/s: _____ Dosis _____ Tiempo _____

Como manejar los problemas de salud en la escuela:

_____

_____

CONSENTIMIENTO INFORMADO

Entiendo que mi información de salud tendrá que ser compartida:

1. En beneficio de los estudiantes en términos de mantenimiento de la salud y progreso académico
2. Cuando sea necesario para la seguridad y el bienestar de los estudiantes y personal
3. Con la discreción de la enfermera para determinar lo que es compartido y que deben saber

Entiendo que el consentimiento para el intercambio de información de salud permanecerá en vigor mientras el estudiante esta inscrito en el Distrito Escolar de Davis puede ser revocado en cualquier momento por escrito por el padre/tutor.

Entiendo que si se necesita una aclaración de la información medica con mi firma:

1. Autoriza a la enfermera de la escuela para contactar con el proveedor de servicios médicos
2. Autoriza al proveedor medico a divulgar información.

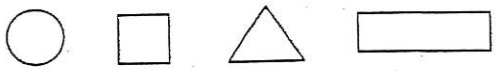
Firma de padre/tutor_____ Fecha_____ Número de teléfono_____

Holt Elementary Kindergarten Inventory

**Please return this questionnaire to the school with your kindergarten packet.

Name of Child_____

Please circle your response for each question.	1 Never	2 Some-times	3 Always	Don't Know
1. My child can write his/her name without help.	1	2	3	DK
2. My child holds his/her pencil correctly.	1	2	3	DK
3. My child can tell the difference between letters and numbers.	1	2	3	DK
4. When given 2 words, my child can tell if they rhyme.	1	2	3	DK
5. My child can sing or recite his ABC's.	1	2	3	DK
6. My child can count by 1's to 20 without help.	1	2	3	DK
7. My child can write numbers to 10. (Ignore reversals.)	1	2	3	DK
8. My child can count up to 10 objects without help.	1	2	3	DK
9. My child has learned to use scissors and glue.	1	2	3	DK
10. My child knows 3 or more nursery rhymes.	1	2	3	DK
11. My child can identify at least 5 different colors.	1	2	3	DK
12. My child can identify more than 5 different colors.	1	2	3	DK

Please circle the shapes that your child can identify without help.			
Please circle the numbers your child can recognize without help.	0 1 2 3 4 5 6 7 8 9 10		
How many uppercase letters can your child name?	0-5 letters	6-12 letters	13-20 letters
How many lowercase letters can your child name?	0-5 letters	6-12 letters	13-20 letters
How many different letter sounds does your child know?	0-5 letters	6-12 letters	13-20 letters
How many children's books do you have in your home?	0-10 books	10-20 books	more than 20

Comments: _____

_____

_____

_____

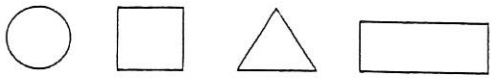
Filled out by _____(signature) Date _____

El Holt el Inventario Preescolar Elemental

**Please devuélvale este cuestionario a la escuela con su paquete preescolar.

El Nombre de Niño_____

Por favor rodee su respuesta para cada pregunta.	1 Nunca	2 Algunas Veces	3 Siempre	No Sepa
1. Mi niño puede escribir lo de él / su nombre sin ayuda.	1	2	3	NS
2. Mi niño sujeta lo de él / su lápiz correctamente.	1	2	3	NS
3. Mi niño puede señalar la diferencia entre cartas y números.	1	2	3	NS
4. Cuando palabras 2 dadas, mi niño pueden decir todo si riman.	1	2	3	NS
5. Mi niño puede cantar o puede recitar su abecé.	1	2	3	NS
6. Mi niño puede contar a las 1 para 20 sin ayuda.	1	2	3	NS
7. Mi niño puede escribir números para 10. (Ignore cambios de sentido.)	1	2	3	NS
8. Mi niño puede contar hasta 10 propósitos sin ayuda.	1	2	3	NS
9. Mi niño ha aprendido a usar tijeras y goma.	1	2	3	NS
10. Mi niño sabe 3 o más canciones infantiles.	1	2	3	NS
11. Mi niño puede identificar al menos 5 colores diferentes.	1	2	3	NS
12. Mi niño puede identificar más que 5 colores diferentes.	1	2	3	NS

Por favor rodee las formas que su niño puede identificar sin ayuda.	
Por favor rodee los números que su niño puede reconocer sin ayuda.	0 1 2 3 4 5 6 7 8 9 10
¿Cuántas cartas de caja alta puede nombrar su niño?	Del 0-5 rotula cartas El 6-12 de cartas Del 13-20 cartas
¿Cuántas las cartas de la letra minúscula puede nombrar su niño?	Del 0-5 rotula cartas El 6-12 de cartas Del 13-20 cartas
¿Cuántos sonidos diferentes de la carta sabe su niño?	Del 0-5 rotula cartas El 6-12 de cartas Del 13-20 cartas
¿Cuántos libros de niños tiene usted en su casa?	Del 0-10 reserva del 10-20 de libros más que 20

Los comentarios: _____

_____

_____

_____

Lleno apagado por _____ (la firma) la Fecha_____