

American Embassy School-New Delhi (KG)

Student Developmental Questionnaire

(to be completed by parents of Kindergarten applicants with no previous school experience)

Name of child: _____ Date of birth: _____

Age: _____ yrs. and _____ mos. (as of October 1)

First language _____ Other language(s) spoken _____

Has your child ever:

1) been tested for a learning difference or disability? No Yes

2) received extra support for educational / emotional / behavioral difficulties? No Yes

	Not Yet	Occasionally with support	Consistently on one's own
Can take care of personal needs.			
Separates from parents smoothly.			
Has developed age appropriate attention span.			
Handles transitions well.			
Cooperates with others in group activity.			
Shows respect for others' space and belongings.			
Settles problems constructively (e.g., using words not physical actions).			
Able to understand and express him/herself in native language.			
Uses English in conversation.			
Demonstrates age appropriate gross motor skills.			
Demonstrates age appropriate fine motor skills.			

Please write extensive comments (type of previous school experience, length of days, strengths, areas of concern, likes, dislikes) and submit any other relevant details which will help AES understand the applicant and facilitate a smooth transition.

PARENT NAME (Printed)

PARENT NAME (Signature)

day / month / year