

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

KINDERGARTEN HOME VISITATION
FAMILY HISTORY PARENT PARTICIPATION

I give permission for my child to participate in routine kindergarten screenings: Winterhaven, hearing, speech, vision.

Parent/Guardian Signature Date

CHILD'S NAME _____ ADDRESS _____

LIVES WITH _____ PHONE _____

BIRTHDATE _____ AGE _____ YRS. _____ MONTHS

Describe any problems occurring in your child's development, such as allergies, speech, etc.: _____

Describe how you see your child: _____

What is the most important goal for your child to learn or accomplish in kindergarten this year? _____

PARENT PARTICIPATION:

- _____ Be in charge of arranging transportation for field trips.
- _____ Provide transportation for field trips.
- _____ Could provide a field trip to _____
- _____ Serve as room mother to assist with programs, parties and coordinate other mothers.
- _____ Assist with projects such as measuring, screening, testing and room maintenance.
- _____ Assist in helping to make educational games and readiness materials.
- _____ Motor Perception Development Program teacher.

Please check any of the following special interests which you could help with or would wish to share. Feel free to add others if they are not listed.

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|------------------------|-----------------|----------------|---------------|
| _____ Carpentry | _____ Gardening | _____ Dance | _____ Crafts |
| _____ Foreign Language | _____ Nutrition | _____ Puppetry | _____ Cooking |
| _____ Hobbies | _____ Music | | |