



# Patten Academy of Christian Education

*Dr. Bebe Patten, Founder*

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## Kindergarten Information Sheet

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

### Family

Does your child share his/her room? If Yes, with whom? \_\_\_\_\_

Does your child take naps?  Daily  Occasionally

Does your child play well with other children?  Most of the time  Sometimes

What is your child challenged by?

- |  |  |
|--|--|
| <input type="checkbox"/> Becomes easily frustrated | <input type="checkbox"/> Adjusting to new situations |
| <input type="checkbox"/> Whining                   | <input type="checkbox"/> Excessive Shyness           |
| <input type="checkbox"/> Inability to play alone   | <input type="checkbox"/> Playing too much alone      |
| <input type="checkbox"/> Crying easily             | <input type="checkbox"/> Aggressive behavior         |

What kind of discipline do you use with your child? \_\_\_\_\_

Is your child:  Right-hand  Left-hand

How fluently does your child speak English? \_\_\_\_\_

Does your child speak and/or understand a language(s) other than English?  Yes  No

If Yes, What language(s)? \_\_\_\_\_

Is your child in any special group/club?

Dancing  Drama  Art  Other \_\_\_\_\_

How often does someone read to your child?  Often  Seldom  Never

Are there children's books for your child in your home?  Yes  No

How much time each day do you spend doing things with your child? \_\_\_\_\_

What kind of activities? \_\_\_\_\_

### Patten Academy Expected School Wide Learning Results

*Critical Thinkers • Active Learners • Effective Communicators • Committed Christians • Community Contributors • Healthy Individuals*