

Appendix

Kindergarten Observation Form 2015

ALAMEDA COUNTY

Class # Child #
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1. Child's start date of instruction: Month Day Year 15

2. Child's initials: First Middle Last
 (e.g., Maria Inos Chavez Lopez: First [M] Middle [I] Last [C][L])

3. Child's sex: Male Female

4. Child's date of birth: Month Day Year

5. First name of child's mother (if applicable): _____

6. Is this child currently a Transitional Kindergarten (TK) student? Yes No

7. Is this child repeating kindergarten (not TK) this year? Yes No

8. In the 12 months prior to the school year, did the child participate in any of the following?

a. Transitional kindergarten Yes No Information not available

b. Short-term summer pre-K program (e.g., Summer Bridge, Kinder Camp) Yes No Information not available

c. Preschool or licensed child care Yes No Information not available

9. If yes, what type of program was it?

a. Head Start? Yes No Information not available

b. Other licensed child care center? Yes No Information not available

c. Licensed family child care home? Yes No Information not available

10. Since the start of school, how frequently did the following occur?	Rarely or almost never	On some days	On most days	Just about every day
a. Child indicated he/she was hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Child appeared tired in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Child was sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Child was absent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child was tardy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11a. Did this child enter kindergarten with a designated Special Needs Status or an IEP?
 Yes No Information not available

11b. If no or information is not available, do you believe he/she has a special need?
 Yes No

12. What is this child's primary race/ethnicity? (Please mark all that apply.)

Hispanic/Latino Asian Filipino
 Pacific Islander Black/African American Alaskan Native or American Indian
 White Arab/Middle Eastern Other _____ Don't know

13. What is the child's preferred language? (Please mark all that apply.)

English Spanish Filipino or Tagalog Chinese/Mandarin/Cantonese
 Farsi or Dari Vietnamese Punjabi or Hindi Other: _____ Don't know

14. Is this child an English Learner? Yes No Information not available

If the child is an English Learner or you are not sure, please answer Q15 - 18 below. Otherwise, please turn the sheet over to continue.

15. How would you rate this child's skills in understanding English? (receptive language skills)

Beginning Early Intermediate Intermediate Early Advanced Advanced

16. How would you rate this child's skills in speaking English? (expressive language skills)

Beginning Early Intermediate Intermediate Early Advanced Advanced

17. Do you have any difficulty communicating with the child due to language differences?
 Yes No

18. Will this child be assessed in his/her preferred language by you or a bilingual aide?
 Yes No

Kindergarten Observation Form

Please refer to the Scoring Guide for instructions on how to rate each of these readiness skills.

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For each skill, assign one of four levels of competency:

- Not Yet: Does not demonstrate skill yet. Cannot perform without adult assistance.
- Beginning: Just beginning to demonstrate skill. Needs significant or frequent adult assistance.
- In Progress: Demonstrates skill occasionally and somewhat competently. Needs minor/occasional adult assistance.
- Proficient: Demonstrates consistently and competently. Performs independently.

TEACHERS PLEASE COMPLETE:

19. Date assessment completed: Month Day

20. Teacher's initials: First Middle Last

▶ = Language-dependent item, which involves oral communication in the classroom. If you feel you cannot provide an accurate assessment of these or any other items, please indicate "Don't know/Not observed."

	NOT YET	BEGINNING	IN PROGRESS	Proficient	Don't know/ Not observed
▶ 21. Uses a pencil with proper grip (<i>pincer or tripod grip towards tip of pencil</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Has general coordination (<i>e.g., kicks or catches a ball, runs smoothly</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Stays focused during individual and small group activities (<i>for duration of an activity</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Follows class rules and routines (<i>e.g., lines up when it is time, raises hand</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▶ 25. Follows two-step directions (<i>e.g., "Please hang up your jacket, and go sit on the rug."</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Works and plays cooperatively with peers (<i>e.g., takes turns and shares, helps others</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Participates successfully in large group activities (<i>e.g., circle time</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Handles frustration well (<i>e.g., does not become unresponsive</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▶ 29. Appropriately expresses needs and wants verbally in primary language (<i>at appropriate times and without disruption to class</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Expresses empathy or caring for others (<i>e.g., consoles or comforts a friend who is crying</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▶ 31. Tells about a story or experience (<i>in response to one or more prompts</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▶ 32. Demonstrates curiosity and eagerness for learning (<i>e.g., tries new activities, asks questions</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▶ 33. Answers questions about key details in literature (<i>answers who?, what?, where? questions</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Understands structure and basic features of books (<i>holds upright, follows text left to right, turns pages</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Writes own first name (<i>writes all letters correctly and facing the right direction regardless of case</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▶ 36. Recognizes rhyming words (<i>can say whether two specific words rhyme or not</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▶ 37. Counts up to 20 objects (<i>correctly counts 3 sets containing 5, 10 and 20 objects</i>)	0-1 correct <input type="radio"/>	2 correct <input type="radio"/>	3 correct <input type="radio"/>	4 correct <input type="radio"/>	<input type="radio"/>
▶ 38. Recognizes all letters of the alphabet (<i>can point to a letter named when presented out of sequence</i>)	zero sets <input type="radio"/>	1 set <input type="radio"/>	2 sets <input type="radio"/>	3 sets <input type="radio"/>	<input type="radio"/>
▶ 39. Recognizes basic colors (<i>can point to basic 8: red, green, orange, blue, black, purple, brown, yellow</i>)	zero letters <input type="radio"/>	1-12 letters <input type="radio"/>	13-25 letters <input type="radio"/>	26 letters <input type="radio"/>	<input type="radio"/>
▶ 40. Recognizes primary shapes (<i>can point to a circle, triangle, square and rectangle</i>)	zero colors <input type="radio"/>	1-4 colors <input type="radio"/>	5-7 colors <input type="radio"/>	8 colors <input type="radio"/>	<input type="radio"/>
	zero shapes <input type="radio"/>	1 shape <input type="radio"/>	2-3 shapes <input type="radio"/>	4 shapes <input type="radio"/>	<input type="radio"/>

Class # Child #

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Parent Information Form 2015

This survey asks you questions about your son or daughter who just started kindergarten.
 To thank you for your time, your child's teacher will give your child a new book to keep.
 When finished, please place this form in the envelope provided and seal it. Return the sealed envelope to your child's teacher.

Shade Circles Like This--> ●
 Not Like This--> ○

1. What are your child's initials? First _____ Middle _____ Last _____
This survey is confidential - please do not write your child's name!

Example: *Monica Patricia Morales Lopez:*
 First: M Middle: P Last: ML

2. What is your child's birth date? Month _____ Day _____ Year _____

3. Is this child a boy or a girl? Boy Girl

Now we have a few questions about your child's preparation for kindergarten.

4. Please mark which of the following childcare/preschool experiences your child has had in the last 12 months. Please write in the name of the program or school. *(Please shade all that apply.)*

	Yes	Name
4a. Transitional Kindergarten	<input type="radio"/>	
4b. Head Start preschool	<input type="radio"/>	
4c. Other licensed preschool or child care center	<input type="radio"/>	
4d. Licensed family child care home	<input type="radio"/>	
4e. Short-term summer pre-k program	<input type="radio"/>	
4f. Other	<input type="radio"/>	
4g. None of these	<input type="radio"/>	

5. Did you receive the following kinds of information prior to your child entering kindergarten?

- 5a. General information about the skills all children need for kindergarten Yes No
- 5b. Specific information about how you could help your child develop the skills to be ready for kindergarten Yes No
- 5c. Specific information about how ready your child was for kindergarten Yes No
- 5d. Information about how and when to register your child for school Yes No

6. Which of these things did you do before the first day of school? *(Please shade all that apply.)*

- Attended a parent meeting or orientation
- Read books or articles about your child's transition to school
- Visited the school with your child
- Asked child's child care provider/preschool questions about kindergarten
- Met your child's kindergarten teacher
- Asked child's child care provider/preschool whether child was ready for kindergarten
- Worked with your child on school skills
- Provided opportunities for your child to play with other children in small groups
- Read books or watched videos about kindergarten with your child
- Other: _____
- None of these

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Now we have questions about your family's activities and routines.

7. In a typical week, how often do you or any other family member do the following things with your child? (Please write the number of days per week in each space below.)

- 7a. Read for more than five minutes About _____ days per week
- 7b. Tell stories or sing songs About _____ days per week
- 7c. Household chores or pet care About _____ days per week
- 7d. Play games or do puzzles About _____ days per week
- 7e. Do arts or crafts About _____ days per week
- 7f. Play a sport or exercise About _____ days per week

8. What time does your child usually go to bed on a week night? (Please shade only one response.)

- Before 8pm 8pm 8:30pm 9pm 9:30pm 10pm 10:30pm 11pm After 11pm

9. About how many total hours a day does your child watch television, play video games, or watch videos or play games on a cellphone, tablet, or computer? (Please write a number in each space.)

Weekdays: About _____ hours and _____ minutes per day Weekends: About _____ hours and _____ minutes per day

10. Do you have access to the internet for your personal (not work-related) use? Yes No

11. What kinds of parenting programs, services, or supports have you received? (Please shade all that apply.)

- Home visits from a nurse, community worker, or other provider
- Family Resource Centers
- Playgroup programs (e.g. Tiny Tots)
- WIC (Women, Infants, and Children)
- Education about effective parenting
- Education about child development
- Other parenting resources: _____
- None of these

12. In the past year, what types of local community resources have you used with your child? (Please shade all that apply.)

- Arts/music programs Libraries Zoos Other: _____
- Museums Parks Recreational activities, camps, or sports None of these

13. Please tell us the extent to which the following statements are true for you. (Please shade only one response for each statement.)

	Definitely true for me	Somewhat true for me	Not very true for me	Not at all true for me
13a. There is someone I can count on to watch my child when I need to run an errand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13b. There is someone I can count on to watch my child when I need a break.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13c. I can easily find someone to talk to when I need advice about how to raise my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13d. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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14. How concerned have you been about the following things? (Please shade only one response for each issue.)

	Not at all	A little	Moderately	Very
14a. Money and paying the bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14b. Health or health care issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14c. Work-related problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14d. Problems with your spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14e. Access to food or ability to feed your child/family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14f. Managing my child's behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below are a few health-related questions about your child.

15. When your child was born, did he/she weigh less than 5 pounds 8 ounces (2,500 grams)? Yes No Don't know

16. If your child has a special need, please mark **all** physical or developmental special needs that your child has below: (If your child does not have a special need, please skip to question 20)

- Speech or language impairment
- Autism
- Intellectual/developmental disabilities (mental retardation)
- Specific learning disabilities
- Emotional/behavior disorder or 'disturbance'
- Severe visual impairment, including blindness
- Auditory impairment (deafness or hard of hearing)
- Traumatic brain injury
- Orthopedic impairment
- Multi-sensory impairment
- Other health impairments (such as Attention Deficit and/or Hyperactivity Disorder - ADD or ADHD)
- Other serious special needs: _____
- NONE

17. How did you learn that your child has special need(s)? (Please shade only one response option.)

- Professional diagnosis / assessment (e.g., by a doctor)
- Your own diagnosis / assessment

18. How old was your child when he/she received his/her first diagnosis? _____ years, _____ months

19. Has your child received professional help for this special need (e.g., help from a pediatrician, school professional, therapist, regional center services)?

- Yes No

20. Does your child have a regular doctor, pediatric provider or clinic? Yes No

21. Does your child have a regular dentist? Yes No

22. In the past year, has your child had a dental exam? Yes No

23. What type of health insurance does your child have? (Please shade all that apply.)

- No insurance Medi-Cal Other health insurance

24. In the past year, has your child received any of the following screenings? (Please shade all that apply.)

- Hearing Vision Developmental (e.g., ASQ) None of these

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Finally, we would like to know basic demographic information about your family and the child who is in kindergarten.

25. What is your child's ethnicity? (Please shade all that apply.)

- Hispanic/Latino
- Pacific Islander
- Alaskan Native/American Indian
- Asian
- Black/African American
- Arab/Middle Eastern
- Filipino
- White
- Other: _____

26. What is the language you use MOST often with your child at home? (Please shade only one response.)

- English
- Hmong
- Cantonese, Mandarin, or other Chinese language
- Spanish
- Korean
- Hindi, Punjabi, or other South Asian language
- Vietnamese
- Navajo
- Farsi, Dari, Arabic, or other Middle Eastern language
- Russian
- Tagalog or other Filipino language
- Other _____

27. What is your relationship to this child? (Please shade only one response.)

- Mother
- Father
- Grandparent
- Foster Parent
- Other: _____

28. Do you consider yourself to be a single parent? Yes No

29. Have you or any other primary parent / guardian lost your job during the past year? Yes No

30. How many home addresses have you had since your kindergarten child was born (including your current address)?

- 1
- 2
- 3
- 4
- 5 or more

31. Have you and your kindergarten child been homeless together at any point since he or she was born?

- Yes
- No

32. What is the child's mother's date of birth? Month ____ Day ____ Year ____ Don't know/Not applicable

33. What is the highest education level the child's mother has completed?

- Less than 6th grade
- High school (diploma)
- Bachelor's degree (BA or BS)
- Middle school (6th, 7th or 8th)
- Some college
- Advanced degree
- Some high school
- Associate's degree (AA or AS)
- Don't know/Not applicable

34. What is your approximate family income per year?

- \$0 - \$14,999
- \$50,000 - \$74,999
- \$15,000 - \$34,999
- \$75,000 - \$99,999
- \$35,000 - \$49,999
- \$100,000 or more

Thank you! Please place survey in envelope provided and seal the envelope. Do not fold! Then, give the sealed envelope to your child's teacher.

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