

Saint Matthew School Kindergarten Readiness Checklist

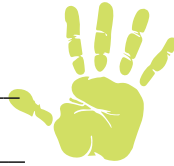
Please complete and return today.

Child's Name _____

Today's Date _____

Fine Motor Skills please write YES or NO

- Does your child have any physical problems we should be aware of? For example: an allergy _____ hearing _____ speech _____ or vision problems _____
- Can your child:
 - hold scissors correctly? _____
 - hold pencil and crayon correctly? _____
 - use a glue stick? _____



Social Skills please write YES or NO

- Can your child care for personal needs?
 - _____ Use restroom
 - _____ Wash hands
 - _____ Wipe and blow nose
 - _____ Button and zipper clothes
- Is your child
 - _____ completely potty-trained
 - _____ manage his/her own trips to the bathroom



Academic Skills Please write YES or NO

- Can your child recognize these shapes?
 - square _____
 - circle _____
 - rectangle _____
 - triangle _____
- Can your child say the alphabet? _____
recognize all letters UPPER and lower case _____ in a mixed, random order? _____
- Can your child recognize own name _____
letters in name _____
write his/her own name _____
- Can your child count to 10 _____
- Can your child count items _____
recognize how many _____
- Can your child recognize basic colors _____
- Does your child know nursery rhymes (like Humpty Dumpty or Jack and Jill)? _____



- Can your child:
 - _____ feed him/herself
 - _____ remain seated in a chair to eat.
 - _____ follow simple directions
 - _____ play with or near other children for 10-15 minutes without constant adult intervention
 - _____ sit and listen to a story
 - _____ pay attention for short periods of time
 - _____ share with others
 - _____ follow rules
 - _____ speak in complete sentences of 5-6 words
 - _____ name basic shapes
 - _____ say/sing the alphabet
 - _____ recognize basic colors
 - _____ answer a question when asked.
 - _____ solve problems with words
 - _____ understand that hitting is not acceptable behavior
 - _____ can separate from parent

INFORMATION NEEDED:

1. Has your child attended nursery school prior to this one? _____ If so, what school? _____
2. Has your child attended a library story hour? _____
3. Does your child speak English? _____ Does your child understand English? _____
Is there any adult that speaks English in your home? _____
4. Does your child have playmates his/her own age? _____
5. Does your child have special hobby or interest? _____ Please explain: _____
6. Does your child take any medication on a regular basis? If yes, please explain: _____
7. Does your child have an IEP? _____
8. Does your child have any fears or anxiety we should be aware? _____
9. Would you be willing to help with a project or trip, if needed (you MUST have clearances) _____
10. Additional comments or information about your child that you think would be helpful to us:

Child's Full Name: _____ Birthday: _____
Address: _____ Phone: _____ Email Address: _____
Full names of both parents: _____