



Kindergarten Readiness Checklist

Please complete and return today.

Child's Name _____ Today's Date _____

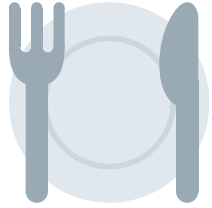
Fine Motor Skills please write YES or NO

- 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? _____



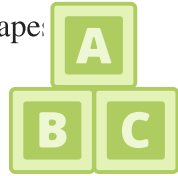
Social Skills please write YES or NO

- 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
- 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



Academic Skills Please write YES or NO

- Can your child recognize these shape:
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)? _____



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 of? _____
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: _____