

**School Readiness Checklist**

(Kindergarten Only)

**Student Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: [ ]  Male [ ]  Female DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 This information you provide will help the teacher plan appropriate learning activities for your child

 Next to each statement place a:

* Next to the items that your child does **easily** **and consistently**

**S** Next to the items that your child does **some of the time**

**X** Next to the items that your child has not yet master or taught

**Independence/Responsibility**

[ ]  Dresses Self

[ ]  Puts shoes on

[ ]  Buttons, zips clothing (front)

[ ]  Brushes Teeth

[ ]  Washes and dries hands/face

[ ]  Takes care of all toilet needs

[ ]  Covers mouth/nose when coughing/sneezing

[ ]  Feeds self entirely

[ ]  Gets own drinks

[ ]  Separates easily from parents/home

[ ]  Willing to try new things: food, games

[ ]  Works/plays alone for 15-20 minutes

[ ]  Responsible for one household chore

[ ]  Stops and check for cars before crossing street

[ ]  Puts toys back where they belong

**Social/Emotional**

[ ]  Shares Toys

[ ]  Takes Turns

[ ]  Gets along with other children

[ ]  Plays cooperatively

[ ]  Plays games with rules

[ ]  Says please and thank you

[ ]  Apologizes when necessary

[ ]  Does not interrupt others

[ ]  Responds appropriately to correction

[ ]  Demonstrates control over temper/anger

**Motor Development (Large Muscle)**

[ ]  Runs with confidence

[ ]  Jumps with both feet off the ground

[ ]  Hops on one foot

[ ]  Likes to play active games

**Motor Development (Small Muscle)**

[ ]  Uses crayons for coloring

[ ]  Tries to color within the line

[ ]  Uses scissors for cutting

[ ]  Cuts out simple shapes

[ ]  Draws with a pencil

[ ]  Holds pencil correctly

[ ]  Draws a person: Head, body, legs, arms

[ ]  Can print first name

**General Knowledge/Motivation**

[ ]  Knows full name/age

[ ]  Knows birth date (month/day)

[ ]  Knows address (Street/city)

[ ]  Knows phone number

[ ]  Names the days of the week

[ ]  Names simple shapes: circle, square, etc…

[ ]  Names parts of the body: chin, elbow, etc…

[ ]  Knows function of eyes, ears, nose, mouth, etc.

[ ]  Asks questions about things/curious

[ ]  Uses imagination/creativity when playing

**Listening/Language**

[ ]  Listens to a story (15-20 minutes)

[ ]  Likes to be read to

[ ]  Pretends to read

[ ]  Can repeat a story after hearing it once

[ ]  Repeats rhymes

[ ]  Listens carefully to instructions or directions

[ ]  Remembers and follows directions

[ ]  Uses complete sentences when speaking

[ ]  Speech is clearly understood by others

**Readiness: Letters/Numbers**

[ ]  Can sing the alphabet song

[ ]  Recites the alphabet without singing

[ ]  Recognizes some letters of the alphabet

[ ]  Recognizes capital letters

[ ]  Recognizes lower case letters

[ ]  Recognizes name in print

[ ]  Tries to write or copy letters/numbers

[ ]  Recognizes some numbers

[ ]  Counts from 1 t0 \_\_\_\_\_\_ (fill in please)

**Has your child had preschool or play group experience? (Please give name of school)**

**Please describe any special interest your child has.**

**Is your child afraid of anything or does he/she worry about anything in particular?**

**What form of discipline do you use at home?**

**Please check any of the areas below in which you have concerns regarding your child’s learning.**

[ ]  Speech

[ ]  Fine motor development

[ ]  Social Awareness

[ ]  Attitude toward authority

[ ]  Gross Motor Development

[ ]  Language Processing

[ ]  Interaction with peers

[ ]  Emotional Stability

**Does your child have any learning disability that you are aware of? If so, please explain:**