

**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:**