

2421P

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## Kindergarten Readiness Survey

Please complete the following survey. Your answers will help your student's teacher provide the best possible Kindergarten experience for your child.

Student's Name				
Please list your child's strengths and weaknesses in the foll	owing areas:			
Emotional				
Social				
Academic				
How well does your child separate from you?	Very Well 1 2 3		Not Well 4	
How well does your child get along with others?	1	2	3	4
How well is your child able to sit and listen?	1	2	3	4
How well does your child follow directions?	1	2	3	4
How well does your child recognize letters?	1	2	3	4
How well does your child recognize letter sounds?	1	2	3	4
Does your child tend to be shy or talkative? ( <i>Comments</i> )				
Would your child rather play with others or by himself/he	rself? (Comments	)		
Does your child have any special friends or neighbors enter	ring Kindergarte	n? (Commer	ıts)	
Are there any social, emotional, or health issues we should	be aware of? (Co	mments)		
Other concerns?				