



South Kitsap School District
**Kindergarten Readiness
Skills Checklist
and
Non-Medical Records
Release**

Attached are two forms for you to fill out:

1. **Kindergarten Readiness Skills Checklist.** This checklist was created by a professional learning community in the South Kitsap School District. The purpose is to provide a readiness checklist, filled out in the spring by a childcare provider, and given to the South Kitsap kindergarten teachers for the next fall.
2. **Authorization for Exchange of Confidential Information for Non-Medical Records (AECINMR).** This form is required to be signed by the child's parents and retained by the childcare provider in order to release information.

Our goal is for children to have a seamless transition from early learning experiences to kindergarten.

Please fill out the checklist on the following page. Once the checklist is complete and you have a signed copy of the authorization (AECINMR) on file for your records, please send the Kindergarten Readiness Skills Checklist to:

Teaching & Learning/ Special Programs
South Kitsap School District
2689 Hoover Ave SE
Port Orchard, WA 98366

Questions? Call Tracy Schneewind at 360.874.7058
www.skschools.org

Peggy Ray
Kindergarten
Orchard Heights

Melissa Pittenger
Preschool
Bethany Lutheran

Terri Dettloff
Preschool
Stepping Stones Learning
Center

Thank you for supporting the success of young learners!

Student Name: _____

Date: _____

Enrolling at this school: _____

<i>South Kitsap Kindergarten Readiness Skills Checklist</i>					
Language & Literacy					
Letter Shapes	I can name letters.	0	1-5	6-11	12-15
Letter Sounds	I can say the sounds of letters.	0	1-5	6-11	12-15
Rhyming	I can recite 10 ABC/Number Songs & nursery rhymes.		No	Yes	
Print Concepts	I know how to handle books. (Orients book correctly. Front to back.)		No	Yes	
Verbal Skills	I speak in complete sentences. (4-6 words)		No	Yes	
Printing Name	I can write the letters in my first name.	Trace	Copy	Print	
Recognition	I can recognize my written name.		No	Yes	
Math & Reasoning					
Counting	I can count orally to 20.	0-5	6-10	11-15	16-20
Number Shapes	I can identify random numbers.	1 2	3 4 5	6 7 8	9 10
Geometric Shapes	I can identify 4 shapes.		No	Yes	
Colors	I can identify colors.	0-3	4-8	9-12	
Sorting	I can sort by..	Color	Shape	Size	
Social/Emotional					
Relates to Others	I am able to take turns and function appropriately in groups.	Not yet	Sometimes	Usually	
Attention Span	I can focus on a task for at least 5 minutes.	Not yet	Sometimes	Usually	
Following Directions	I can follow 2 step directions.	Not yet	Sometimes	Usually	
Works Independently	I can work independently.	Not yet	Sometimes	Usually	
Taking Responsibility	I take care of my own hygiene needs.	Not yet	Sometimes	Usually	
Emotional Well-being	I express emotions appropriately and respect the feelings of others.	Not yet	Sometimes	Usually	
Fine Motor Skills					
I can:	use scissors.		No	Yes	
	use writing tools.		No	Yes	



SOUTH KITSAP

Comments: {Some additional things I want my kindergarten teacher to know about me to help my transition.}

Provider/Contact Name _____

Email/Phone _____



Authorization for Exchange of Confidential Information for Non-Medical Records

Student name: _____ Birthdate: _____ Age: _____

Early Learning Program: _____ Contact Person: _____

Phone Number: _____

I hereby authorize the exchange of confidential information between _____ and the agency listed below:

Name of agency: _____
(i.e. EPO/South Kitsap School District)

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

This authorization is good for one year. This authorization expires on: _____

Parent / Guardian Name: _____

Parent/Guardian Signature: _____ Date of Signature: _____

Phone number: _____