

Student:	
Parent/Guardian:	
Date:	

KINDERGARTEN READINESS QUESTIONNAIRE

Parents and families have an important role as their child's first teacher. Children learn at different rates and in different ways. These guidelines highlight some of the skills children need to be prepared for kindergarten. The list below suggests ways to work with your child to help him/her be more ready for school. Please return this questionnaire with your child's registration packet.

SOC	IAL/EMOTIONAL	We are working on this	Yes, my child can do this
1.	My child can follow 2 step directions consistently and is learning to follow 3 step directions.		
2.	My child can remember and follow routines. (ex. Dinner, brush teeth, read bedtime story, go to bed.)		
3.	My child can tell about his/her own feelings. (ex. I feel happy, I am sad.)		
4.	My child can calm him/herself down when frustrated or upset.		
5.	My child can use the bathroom independently.		
6.	My child can wash his/her own hands.		
7.	My child can put his/her own toys away, clean small spills, and picks up after him/herself.		
8.	My child shares, takes turns, and helps others.		
9.	My child adjusts to new people and situations.		
10.	My child plays cooperatively with others.		
11.	My child has the opportunity to play with others his/her own		
	age.		
LAN	GUAGE	We are working on this	Yes, my child can do this
1.	My child can use words to express his/her thoughts and needs.		
2.	My child can name and describe objects in his/her own world.		
3.	My child uses new words every day.		
4.	My child can speak clearly and is understood by most people.		
LITE	RACY	Yes we are working on this	Yes, my child can do this
1.	My child can read his/her own name.		
2.	My child can write his/her own name.		
3.	My child knows if words start with the same sound. (ex. Big, brown, bear)		
4.	My child knows 5-10 rhymes or children's songs.		
5.	My child can identify letters.		
6.	My child recognizes and can name 10 upper case and 10 lower case letters.		
7.	My child is familiar with parts of a book: cover, title, pages, words, etc.		

8.	My child writes a story by drawing pictures or using letters.		
9.	My child reads with an adult or listens to a story daily: he/she		
	can talk about the story and tell about his/her favorite part.		
MA	ТН	We are working on this	Yes, my child can do this
1.	My child can count up to 10 objects and point to each one		
	when counting.		
2.	My child can count out loud in order to 20.		
3.	My child can use words such as more, less, same.		
4.	My child can identify numbers to 10.		
5.	My child can identify common shapes: circle, triangle, square, rectangle.		
6.	My child can match and sort objects.		
7.	My child knows basic colors.		
PER	SONAL INFORMATION	We are working on this	Yes, my child can do this
1.	My child knows his/her first name, last name, and caregivers' names.		
2.	My child can name 10 body parts. (hand, foot, knee, shoulder)		
3.	My child knows his/her age and birthday.		
4.	My child is fully potty trained.		
5.	My child no longer takes naps during the day.		
6.	My child can use scissors.		

- Please list siblings and their ages:
- What activities does your child enjoy?
- Does your child have any developmental concerns you would like the school to be aware of?
- What would you like your child's teacher to know about your child?
- What are your child's strengths?
- Does your child have any fears and what are they?
- What are your dreams for your child's learning experience in kindergarten?