



# MT. VERNON

## COMMUNITY SCHOOL CORPORATION

### Kindergarten Readiness Questionnaire

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Child lives with:

\_\_\_\_ both birth parents

\_\_\_\_ one parent (\_\_\_\_ mother \_\_\_\_ father)

\_\_\_\_ other: \_\_\_\_\_

#### Other children in family:

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Did your child go to preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

Where: \_\_\_\_\_ # of years \_\_\_\_\_

Please check any of the following that your child has experienced within the past year

\_\_\_\_\_ separation/divorce of parents \_\_\_\_\_ serious illness

\_\_\_\_\_ death of a family member \_\_\_\_\_ hospitalization

## Reading

Does your child...

- enjoy getting a book as a present? \_\_\_\_ YES \_\_\_\_ NOT YET
- have age appropriate books that are kept in a special place? \_\_\_\_ YES \_\_\_\_ NOT YET
- recognize his/her name in print? \_\_\_\_ YES \_\_\_\_ NOT YET
- look at books or pictures on his/her own? \_\_\_\_ YES \_\_\_\_ NOT YET
- try to read along with you on favorite stories? \_\_\_\_ YES \_\_\_\_ NOT YET
- read in everyday situations (street signs, packaged food) \_\_\_\_ YES \_\_\_\_ NOT YET
- see you reading? \_\_\_\_ YES \_\_\_\_ NOT YET
- know any nursery rhymes by heart? \_\_\_\_ YES \_\_\_\_ NOT YET
- pretend to read books by looking at pictures? \_\_\_\_ YES \_\_\_\_ NOT YET

## Writing

Does your child...

- try to write, scribble or draw? \_\_\_\_ YES \_\_\_\_ NOT YET
- have a collection of paper, pencils, crayons? \_\_\_\_ YES \_\_\_\_ NOT YET
- like to receive notes from others? \_\_\_\_ YES \_\_\_\_ NOT YET
- ask you to write words or notes to people? \_\_\_\_ YES \_\_\_\_ NOT YET
- use magnetic letters ? \_\_\_\_ YES \_\_\_\_ NOT YET
- attempt to write his/her name? \_\_\_\_ YES \_\_\_\_ NOT YET
- attempt to invent own spelling while writing? \_\_\_\_ YES \_\_\_\_ NOT YET
- see you writing (notes, lists, letters, reminders)? \_\_\_\_ YES \_\_\_\_ NOT YET

## Language

Does your child...

- talk in sentences? \_\_\_\_ YES \_\_\_\_ NOT YET
- follow through with one or two directions? \_\_\_\_ YES \_\_\_\_ NOT YET
- uses descriptive language? \_\_\_\_ YES \_\_\_\_ NOT YET
- use simple conversational sentences? \_\_\_\_ YES \_\_\_\_ NOT YET
- sing and/or recite nursery rhymes? \_\_\_\_ YES \_\_\_\_ NOT YET
- use sentences that include two or more separate ideas? \_\_\_\_ YES \_\_\_\_ NOT YET
- pretend, create, and make up stories and songs? \_\_\_\_ YES \_\_\_\_ NOT YET
- talk about everyday experiences? \_\_\_\_ YES \_\_\_\_ NOT YET
- ask questions about how things work? \_\_\_\_ YES \_\_\_\_ NOT YET
- express his/her ideas so that others can understand? \_\_\_\_ YES \_\_\_\_ NOT YET
- tell or retell stories? \_\_\_\_ YES \_\_\_\_ NOT YET

## **Number & Concept Development**

Does your child...

- arrange items in groups according to size, shape, or color? \_\_\_\_ YES \_\_\_\_ NOT YET
- group items that are the same? \_\_\_\_ YES \_\_\_\_ NOT YET
- arrange objects in size order, big to small or small to big? \_\_\_\_ YES \_\_\_\_ NOT YET
- use words like bigger, smaller, or heaviest? \_\_\_\_ YES \_\_\_\_ NOT YET
- compare the size of groups of items correctly? \_\_\_\_ YES \_\_\_\_ NOT YET
- count ten objects show an understanding of the passing of time? \_\_\_\_ YES \_\_\_\_ NOT YET
- recognize and name colors? \_\_\_\_ YES \_\_\_\_ NOT YET
- match or sort items by color and shape? \_\_\_\_ YES \_\_\_\_ NOT YET
- know body parts (head, shoulder, knees, etc.)? \_\_\_\_ YES \_\_\_\_ NOT YET
- draw a picture including head, body, arms, legs? \_\_\_\_ YES \_\_\_\_ NOT YET
- demonstrate curiosity and exploratory behavior? \_\_\_\_ YES \_\_\_\_ NOT YET

## **Physical Development**

Does your child...

- put puzzles together? \_\_\_\_ YES \_\_\_\_ NOT YET
- cut with scissors? \_\_\_\_ YES \_\_\_\_ NOT YET
- zip or button independently? \_\_\_\_ YES \_\_\_\_ NOT YET
- enjoy outdoor play (running, jumping & climbing)? \_\_\_\_ YES \_\_\_\_ NOT YET
- hold a crayon or marker? \_\_\_\_ YES \_\_\_\_ NOT YET
- ride a tricycle or bicycle? \_\_\_\_ YES \_\_\_\_ NOT YET
- bounce a ball? \_\_\_\_ YES \_\_\_\_ NOT YET

## **Health and Safety**

Does your child...

- have a set routine and schedule? \_\_\_\_ YES \_\_\_\_ NOT YET
- use good habits (wash hands, covers mouth when coughing)? \_\_\_\_ YES \_\_\_\_ NOT YET
- follow simple safety rules? \_\_\_\_ YES \_\_\_\_ NOT YET
- visit the doctor and dentist regularly? \_\_\_\_ YES \_\_\_\_ NOT YET
- eat healthy foods? \_\_\_\_ YES \_\_\_\_ NOT YET

## **Social & Emotional Development**

Does your child...

- use words to solve problems when angry? \_\_\_\_ YES \_\_\_\_ NOT YET
- use words such as “please” and “thank you”? \_\_\_\_ YES \_\_\_\_ NOT YET
- attempt new tasks knowing it is okay to make mistakes? \_\_\_\_ YES \_\_\_\_ NOT YET
- do things for him/herself (dress self, toilet needs)? \_\_\_\_ YES \_\_\_\_ NOT YET
- have success in taking turns and sharing? \_\_\_\_ YES \_\_\_\_ NOT YET
- ask for help when necessary? \_\_\_\_ YES \_\_\_\_ NOT YET
- interact appropriately with peers? \_\_\_\_ YES \_\_\_\_ NOT YET
- have friends? \_\_\_\_ YES \_\_\_\_ NOT YET
- follow through when given directions? \_\_\_\_ YES \_\_\_\_ NOT YET
- comply with rules, limits, routines appropriately with adults? \_\_\_\_ YES \_\_\_\_ NOT YET
- respect the rights, property and feelings of others? \_\_\_\_ YES \_\_\_\_ NOT YET

Please provide any further information that would be helpful in getting to know your child.

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Thank you for your cooperation in completing this form.

