



KINDERGARTEN READINESS CHECKLIST FOR PARENTS/ GUARDIANS

Student Name _____ Date _____

Please read each item below and check the column that applies to your child. Add comments when appropriate. This information will be used by your child's teacher to assist with planning appropriate instruction this school year.

Cognitive Readiness

My child can...	YES	NO	Comments
Hold a book and turn pages one at a time			_____
Retell a familiar story			_____
Answer simple questions after reading a story			_____
Recognize his/her name in print			_____
Identify the letters in his/her first name			_____
Speak in complete sentences			_____
Maintain focus on a task for ten minutes			_____
Correctly grasp writing tools			_____
Manipulate scissors for cutting paper			_____
Put together a puzzle with ten or more pieces			_____
Identify basic colors and shapes			_____
Identify likenesses and differences in objects			_____
Compare the size of objects			_____
Count to ten or higher			_____
Count a set of ten objects			_____

Social and Self-Awareness Readiness

My child can...	YES	NO	Comments
Listen to and follow verbal directions			_____
Ask for help when needed			_____
Express needs appropriately			_____
Regulate his/her own behavior			_____
Attempt new tasks			_____
Play fairly with same-age peers			_____
Share and take turns			_____
Recognize the needs and feelings of others			_____

Self-Awareness Skills

My child can...	YES	NO	Comments
Tell his/her first and last name			_____
Tell his/her home address (street name)			_____
Tell the name of his/her parent/guardian			_____
Complete an activity independently			_____
Perform self-care tasks independently (such as toileting, washing hands). If your child wears potty training pants (such as Pull-Ups) at any time, please check No in this section.			_____
Dress, zip, and button own clothing			_____

Please provide brief responses to the following questions.

What is your child's favorite book, and what other types of books does your child enjoy?

What activities and games does your child enjoy?

How would you characterize your child's behavior in a new setting?

Please list any previous formal learning experiences in which your child has participated (e.g., Preschool, Pre-Kindergarten, Head Start).

Thank you for your time in completing this form.