

READINESS SKILLS QUESTIONNAIRE

Child's Name: _____

Name(s) of Nursery or Pre-School (s) your child has attended and specify the year (s) of attendance.

Did Nursery/Pre-School make any recommendations to you regarding any of your child's educational needs?

Circle one: Yes No

If yes, please explain:

Do you have questions regarding your child's readiness for school?

If yes, please explain:

Parent/Guardian Signature: _____

Date: _____