

KINDERGARTEN CHECKLIST - PARENT'S RATING

Child's Name _____ Date _____

Parent Preference: Please circle: Kindergarten Kindergarten Readiness Undecided

Please read each item below and check the column that applies to your child. Add comments when appropriate. This information will be used to assist with planning appropriate instruction for your child.

MY CHILD CAN	Yes	Not Yet	Comments
Tell first and last name			
Give address			
Give telephone number			
Hold a book and turn pages one at a time			
Use scissors to cut paper			
Draw and color pictures that are recognizable			
Listen and follow directions			
Concentrate quietly on an assigned task for at least ten minutes (e.g., cleaning up room)			
Retell a story after listening to it			
Pay attention to a short story when it is read and answer simple questions about it			
Speak in sentences of more than four words			
Make an effort to solve problems before seeking help from others			
Continue an activity without constant attention and encouragement			
Identify likenesses and differences in pictures, objects, and forms			
Classify objects by groups, such as food or clothing			
Copy a circle, square, and triangle so that it is recognizable			
Compare objects according to size			
Count objects up to five			
Count to ten or beyond			
Take care of toilet needs			
Tell what simple words mean (e.g., tree, shoe, water, horse)			
Put together a puzzle of at least (10) pieces			
Dress, zip, and/or button clothing			
Recognize basic colors (e.g. blue, green, red, yellow, orange, brown, black)			
Recognize some letters of the alphabet			
Attempt to read and write			
Attempt new tasks			
Play well with others			
Adjust well to new situations			

Please answer 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 group, in a new setting, and at play with family or other children?

What talents or hobbies does your child have?

List any previous formal learning experiences your child had (e.g., preschool, Head Start, Early Discoveries).