

# Kindergarten Readiness Checklist

**Important:** Please complete and bring this to Kindergarten Orientation on May 31. If you are unable to attend, you may drop it off at the office at any time before June 7 or email it to [principal@crockerschool.org](mailto:principal@crockerschool.org).

Child's Full Name: _____
Parent/Guardian #1: _____
Parent/Guardian #2: _____

<h3>Other Information For Our Records:</h3>	
Child's Date of Birth: _____	
Names and Ages of Siblings: _____	
Email #1: _____	
Email #2: _____	
Phone #1: _____	Whose Phone? _____
Phone #2: _____	Whose Phone? _____
<b><i>Preschool and/or TK Attended (if any): _____ If the child splits time between two homes, please indicate below.</i></b>	

To help us get a sense of your child's current skills, we ask that you complete the following questionnaire. Please rest assured that we do not expect that children have acquired all of these skills before kindergarten. We work on these skills here.

### Fine Motor Skills

1. Puts a 10-12 piece puzzle together unassisted	Yes	Not Yet
2. Holds scissors correctly while cutting	Yes	Not Yet
3. Holds a pencil or crayon correctly	Yes	Not Yet
4. Knows how to use a glue stick	Yes	Not Yet

### Gross Motor Skills

1. Runs, jumps and skips	Yes	Not Yet
2. Walks backward	Yes	Not Yet
3. Walks up and down stairs	Yes	Not Yet

### Social Skills

1. Speaks clearly enough for adults to understand	Yes	Not Yet
2. Plays with other children	Yes	Not Yet
3. Follows 3 or 4 step directions	Yes	Not Yet
4. Uses words instead of being physical when angry	Yes	Not Yet
5. Expresses feelings and needs appropriately	Yes	Not Yet
6. Goes to the bathroom independently	Yes	Not Yet
7. Takes turns and shares with peers	Yes	Not Yet
8. Speaks in complete sentences	Yes	Not Yet
9. Is beginning to solve problems independently	Yes	Not Yet
10. Asks questions about things in the environment	Yes	Not Yet
11. Enjoys listening to stories read aloud	Yes	Not Yet
12. Can tell a story about a past event	Yes	Not Yet
13. Says "please" and "thank you"	Yes	Not Yet
14. Is comfortable being left with a babysitter or caregiver	Yes	Not Yet
15. Can sit attentively for 10 minutes (not in front of a screen)	Yes	Not Yet
16. Stays with an adult and does not wander off	Yes	Not Yet

### Academic Readiness Skills

1. Names shapes (square, circle, triangle, rectangle)	Yes	Not Yet
2. Can sort items by color, shape, and size	Yes	Not Yet
3. Can identify 10 parts of their body	Yes	Not Yet
4. Understands prepositions such as up, down, in, out	Yes	Not Yet
5. Counts up to 10 objects (has 1:1 correspondence)	Yes	Not Yet
6. Can identify 8 colors	es	Not Yet
7. Recognizes a few uppercase letters	Yes	Not Yet
8. Recognizes 20 or more uppercase letters	Yes	Not Yet
9. Draws a person with a head, body, arms, legs, and face	Yes	Not Yet

## Personal Information

1. Knows own first and last name	Yes	Not Yet
2. Knows own age	Yes	Not Yet
3. Knows own address	Yes	Not Yet
4. Knows at least one parent/guardian's phone number	Yes	Not Yet
5. Knows names of parent(s)/guardian(s)	Yes	Not Yet
6. Knows own birthday	Yes	Not Yet

### Final Few Questions:

1. If your child speaks a language other than English, please indicate: \_\_\_\_\_

\_\_\_\_\_.

2. Does your child have an IEP? \_\_\_\_\_

3. Are you interested and available to volunteer in the classroom regularly? \_\_\_\_\_

4. Are you interested and available to drive on occasional field trips? \_\_\_\_\_

5. Please list any allergies your child has: \_\_\_\_\_

6. Please list any other medical conditions about which we should be aware. \_\_\_\_\_

\_\_\_\_\_

7. Is there anything else you think we should know about your child or family?

\_\_\_\_\_

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\_\_\_\_\_