

Kindergarten Checklist

This checklist has been prepared by the staff of the Grand Rapids Christian Schools to introduce us to your child. Parental input is important in setting up each child's educational program and this list provides a concrete way for you to note your observations and share specific data about your child. Your accuracy in completing this form is essential. Please contact us if you have questions about any of the items. Thank you.

Please complete and return this checklist to school within two weeks.

Name of child: _____

Birthdate: _____

Millbrook Christian School

Instructions: Fill out the checklist by answering **Yes** or **No** to each question. Please **do not** do any coaching or teaching before completing the checklist.

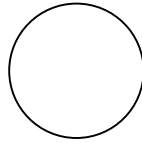
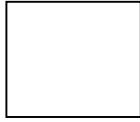
<u>General Information - Can your child:</u>	Yes	No
1. Give his/her full name and age?	___	___
2. Recognize his/her first name in print?	___	___
3. Identify body parts?	___	___
4. Tell you how many eyes you have?	___	___
5. Tell you what your ears are for?	___	___
6. Tell you how many legs a dog has?	___	___
7. Name something that flies?	___	___
8. Tell you what color a banana is?	___	___
9. Tell in what way an apple and an orange are alike?	___	___
10. Tell the name of 4 to 8 colors that you point out?	___	___
11. Tell what things are made of, such as windows, shoes, tables?	___	___
12. Make comparisons? Mother is a woman, Father is a ____. Fire is hot, ice is ____. Jets go fast, turtles go ____.	___	___

13. Draw a recognizable person? Check to see that none of the following are omitted: legs, arms, nose, mouth, body. (Please draw on the back of this form.)

Yes

No

14. Correctly name these figures?



Attention and Listening - Does your child:

15. Pay attention to a speaker/reader for up to 15 minutes?

16. Listen to a story and give some main details?

17. Carry out two to three simple tasks after being told once?

i.e. Open the door, put on your sweater, and bring me your shoes.

18. Concentrate on one activity for a short time (15 min.)?

19. Have difficulty repeating up to four numerals:

"6 - 2 - 8 - 4"?

Social and Emotional - Does your child:

20. Play cooperatively with other children his/her age?

21. Be away from parents two or three hours without becoming upset?

22. Adjust easily to new situations?

23. Control his/her temper?

24. Manage bathroom routines independently?

25. Follow directives from adults in authority?

26. Play aggressively?

27. Insist on having his/her own way?

28. Express his/her feelings to adults?

Physical Skills - Can your child:

29. Throw and catch a ball?

30. Bounce and catch a ball?

	Yes	No
31. Hop on one foot for a distance of about 8 feet?	___	___
32. Maintain balance on one foot for a few seconds?	___	___
33. Walk downstairs one step per tread?	___	___
34. Use a pencil or crayon for a drawing?	___	___
35. Cut a paper into two pieces with a scissors?	___	___
36. Dress and undress self, particularly outerwear & shoes?	___	___

Other Information - Can/Does your child:

37. Count by rote to ten?	___	___
38. Recognize a few numerals and letters?	___	___
39. Attempt to write a few numerals and letters?	___	___
40. Count up to 9 objects correctly?	___	___
41. Sort objects by color, size and shape?	___	___
42. Show an interest in learning about letters & numerals?	___	___
43. Speak so that a "stranger" can understand him/her?	___	___
44. Enjoy hearing stories and books?	___	___

Do you have concerns about your child's readiness or adjustments to kindergarten? _____ If yes, please explain _____

Would you like a Kindergarten staff member to contact you to assist in determining kindergarten readiness? _____

Parent Signature: _____

Date: _____

Telephone Number: (daytime) _____ (evening) _____

