

Parent Questionnaire			
<p>This checklist will help in determining your child's readiness for our kindergarten program. Please read each statement and indicate your child's abilities as listed below by checking the appropriate column. We encourage parents to use the following questions as a screener in determining whether or not to pursue an early entrance evaluation for your child.</p>			
	Frequently	Sometimes	Never
Physical Well-Being and Motor Development			
Performs self-help tasks independently (dressing, eating, toileting).			
Uses eye/hand coordination to perform fine motor tasks (drawing, writing and cutting).			
Uses balance and control to perform large motor tasks (walking, climbing, running).			
Personal and Social Development			
Shows eagerness to learn (is curious, likes to investigate).			
Follows rules and routines.			
Handles change and transition (dinner time to bedtime).			
Interacts easily with one or more children.			
Language and Literacy			
Listens for meaning in stories, discussions and conversations.			
Speaks clearly to share ideas and thoughts.			
Can identify letters.			
Can identify beginning sounds of a word.			
Uses letters and words to write.			
Writes name.			
Mathematical Thinking			
Can recognize numbers 0-20.			
Can orally count forward to 30.			
Can recognize, duplicate and extend simple patterns (e.g., circle-triangle, circle-triangle, circle-triangle).			
Can recognize and describe attributes of shapes.			

Please answer each question below. If additional space is needed, please attach information.

1. Why do you feel your child should be considered for early entrance into kindergarten?

2. How long does your child maintain interest in a play activity or game at a given time?

3. How does your child respond when he/she tries but cannot do something?

4. What does your child know about numbers, shapes and patterns?

5. What types of reading activities does your child engage in at home?

6. What kind of experience has your child had with writing and writing tools?

7. How does your child handle transitions and new situations?

8. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns and cooperates with peers.

9. What experiences has your child had that requires separation from you, and how does your child respond to this separation?

10. Please share any additional information that you would like us to know about your child: