

Student Name: _____

Birthdate: _____

Date Completed: _____

Kindergarten Readiness Checklist

Confirm if your child is receiving services for any of the following:

Speech and Language Delays	<input type="checkbox"/>
Impairment or physical disability	<input type="checkbox"/>
Significant developmental delays	<input type="checkbox"/>
Vision or Hearing impairment (circle one/both)	<input type="checkbox"/>
Severe behavioural difficulties	<input type="checkbox"/>
Medical concerns	<input type="checkbox"/>

Has your child recently had a:

Vision test	<input type="checkbox"/>
Hearing test	<input type="checkbox"/>
Medical Check-up	<input type="checkbox"/>
Speech Language test	<input type="checkbox"/>

Background				
<p><i>The following is a brief checklist of items that will determine if your child is ready for Kindergarten. Complete as best you can in order to help us determine your child's educational readiness.</i></p>				
Speech Sound Development	Yes	No	Comments	
Is your child's speech clear to strangers?	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your child have difficulties saying the following sounds (identified in sample word)? Difficulty with these sounds can occur at the beginning, middle or end of a word.</p>				
P - pop Y <input type="checkbox"/> N <input type="checkbox"/> D - day Y <input type="checkbox"/> N <input type="checkbox"/> G - gag Y <input type="checkbox"/> N <input type="checkbox"/> J - judge Y <input type="checkbox"/> N <input type="checkbox"/>	B - bib Y <input type="checkbox"/> N <input type="checkbox"/> W - win Y <input type="checkbox"/> N <input type="checkbox"/> S - soup, ice Y <input type="checkbox"/> N <input type="checkbox"/> Sp - spoon Y <input type="checkbox"/> N <input type="checkbox"/>	M - mom Y <input type="checkbox"/> N <input type="checkbox"/> H - hot Y <input type="checkbox"/> N <input type="checkbox"/> Z - zebra, nose Y <input type="checkbox"/> N <input type="checkbox"/> Sw - swim Y <input type="checkbox"/> N <input type="checkbox"/>	N - nine Y <input type="checkbox"/> N <input type="checkbox"/> F - fun, knife Y <input type="checkbox"/> N <input type="checkbox"/> Sh - shush Y <input type="checkbox"/> N <input type="checkbox"/> Sm - smoke Y <input type="checkbox"/> N <input type="checkbox"/>	T - tot Y <input type="checkbox"/> N <input type="checkbox"/> K - cake Y <input type="checkbox"/> N <input type="checkbox"/> Ch - church Y <input type="checkbox"/> N <input type="checkbox"/> Sk - sky Y <input type="checkbox"/> N <input type="checkbox"/>
Expressive Language (using language)	Yes	No	Comments	
Do your child's sentences sound immature? (short in length, words not in the correct order, words omitted, their message is difficult to understand).	<input type="checkbox"/>	<input type="checkbox"/>		
Does your child have difficulty using the following grammatical structures appropriately: -with pronouns (he, she, they, I you, we) You might hear: Him is going home, Her is my friend, Them is coming over. Me do it.	<input type="checkbox"/>	<input type="checkbox"/>		
-with plurals (Regular Plurals: /s/ - cats /ez/ - glasses) You might hear: I have two cat. I need three glass. I saw two catses.	<input type="checkbox"/>	<input type="checkbox"/>		
-with regular past tense verbs (He walked fast. She talked loud.) You might hear: He walk here. She eated.	<input type="checkbox"/>	<input type="checkbox"/>		
-with possessive (his, hers, yours, mine) You might hear: It is hims dog.	<input type="checkbox"/>	<input type="checkbox"/>		
-with negatives: (can't, don't won't, doesn't) You might hear: I not do it. He don't like that.	<input type="checkbox"/>	<input type="checkbox"/>		
Does your child have difficulty asking or answering questions?	<input type="checkbox"/>	<input type="checkbox"/>		
Does your child have difficulty labeling objects in their environment?	<input type="checkbox"/>	<input type="checkbox"/>		
Does your child repeat words or parts of words? (I w-w-want a drink. C-C-Can I have a drink?)	<input type="checkbox"/>	<input type="checkbox"/>		

Receptive Language (understanding)	Yes	No	Comments
Does your child have difficulty understanding questions?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have difficulty following directions (puzzled look, doesn't respond)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have difficulty understanding basic concepts? (below/above, some/a couple, large/small left/right, first/second/last)	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Development	Yes	No	Comments
Does your child enjoy outdoor play involving running, jumping, and climbing?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child hold a pencil correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child cut with scissors?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child try to tie his/her shoes?	<input type="checkbox"/>	<input type="checkbox"/>	
Social/Emotional Maturity	Yes	No	Comments
Is your child able to wait somewhat patiently (3-4 minutes) for your help?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child verbalize feelings of excitement, sadness or anger?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child able to accept a change in plans?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child able to share, compromise, turn-take, problem solve in play with other children?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child comply with rules, limits, and routines?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child able to accept help without becoming upset?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child respect the feelings of others?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child understand cause/effect situations?	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive Readiness	Yes	No	Comments
Does your child show interest in learning new things?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child able to follow 3-4 step directions?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child listen and enjoy stories?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child know some/all upper case letters?	<input type="checkbox"/>	<input type="checkbox"/>	
Can your child write his/her first name?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child know basic shapes, colours, numerals 1-10?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child use problem solving skills at home (what to do when thirsty/hungry/cold?)	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Help	Yes	No	Comments
Can your child get coat on/off and hang it up?	<input type="checkbox"/>	<input type="checkbox"/>	
Can your child dress on their own, such as button, snap and zip with minimal help?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child toilet independently without reminders (including washing hands)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child able to clean up toys and projects with minimal prompting and assistance?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child able to be independently entertained for 10-15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	