

Kindergarten Readiness Survey

STUDENT'S NAME: _____ BIRTHDATE: _____ AGE: _____

In order to best serve your child, we would like to know a few things about them and their development. Please fill out this survey to the best of your observations and knowledge, based on your understanding of how your child typically thinks and behaves. Children vary, so please understand that you are not "grading" your child, but rather sharing your awareness of his/her development.

My child:	Hardly ever	Once in awhile	Some-times	Often	Almost always
Is learning to do things for him or herself	1	2	3	4	5
Is able to work independently (for 5 minutes or more)	1	2	3	4	5
Asks for help appropriately	1	2	3	4	5
Keeps working at something until it is finished	1	2	3	4	5
Likes to work at solving problems	1	2	3	4	5
Is easily distracted when working on a task	1	2	3	4	5
Knows the difference between right and wrong	1	2	3	4	5
Spends time reading with me (or another family member) daily	1	2	3	4	5
Enjoys participating in small groups to play games or do learning activities	1	2	3	4	5
Interacts with other children without arguing or fighting	1	2	3	4	5
Listens to and respects peers	1	2	3	4	5
Takes turns	1	2	3	4	5
Works or plays with others cooperatively	1	2	3	4	5
Manages strong feelings (such as anger or frustration) without hurting or being mean to others	1	2	3	4	5
Tries to solve problems with playmates	1	2	3	4	5
Listens to and respects adults	1	2	3	4	5
Regularly shares how he or she is feeling with me or other trustworthy adults	1	2	3	4	5
Can talk about how others might feel	1	2	3	4	5
Can adapt to new situations and feel comfortable within a reasonable amount of time	1	2	3	4	5
Shows anger or anxiety when going from one activity another	1	2	3	4	5
Follows 1-step directions to complete a basic task	1	2	3	4	5
Follows 2-step directions to complete a simple task	1	2	3	4	5

Enjoys looking at books	1	2	3	4	5
Tidies up toys after playing	1	2	3	4	5
Can say his or her name (first and last)	1	2	3	4	5
Can say his or her parents' names	1	2	3	4	5
Can say his or her parents' contact information (phone number, address)	1	2	3	4	5
Is familiar with (is able to recognize) letters of the alphabet	none	a few	some	most	all
Is familiar with (is able to recognize) numbers between 1 and 10 (or higher)	none	a few	some	most	all
Talks positively about going to school	1	2	3	4	5

Has your child previously attended a childcare or preschool? Yes No	If yes, how long?
In the past 12 months, were you ever asked to take or keep your child home from childcare, preschool, or other social environments because of behavior? Circle one: Yes No	If yes, how often? Please use the additional lines below to explain the behavior/concern.

1. What are the most positive characteristics you observe in your child?

2. In what areas does your child need the greatest development?

Any other comments: _____

Printed Name: _____

Relationship: _____

Signature: _____

Date: _____

Thank you very much for your time.