



Julie Billiard School

BEYOND EDUCATION. BEYOND EXPECTATIONS.

Kindergarten Readiness Checklist

This form is to be filled out by the child's current preschool teacher or other education professional.

First Name:

Last Name:

MI

Teacher's Name:

School:

Contact Phone Number:

Email:

Date Completed:

Please rate the child as to how often he/she performs a task/behavior:

0 = Is not able to at this time

1 = Almost Never

2 = Sometime

3 = Always

Academic	0	1	2	3
Arranges items in groups according to one or more attributes				
Counts a set of objects up to 10				
Identifies numerals 0-9				
Identifies an object by describing its attributes				
Attends to an age-appropriate story				
Understands print concepts				
Recalls information over a period of time				
Identifies similarities and differences				
Writes him/her first name legibly				
Uses inventive spelling to write				
Prints letters with appropriate formations				
Colors without assistance (neatly)				
Identifies all letter names and sounds				
Reads 50 sight words				
Demonstrates comprehension of a story read aloud				
Shares comments/thoughts about a story/topic				
Looks at or reads a story independently				

Comments:

Please rate the child as to how often he/she performs a task/behavior:

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Social Emotional	0	1	2	3
Follows simple 2-3 step directions				
Participates in a teacher-led activity for 5 minutes without redirection				
Participates in a teacher-led activity for 10 minutes without redirection				
Looks to join a peer during free play				
Expresses feelings to adults and peers				
Prefers to talk to peers over adults				
Prefers to talk to adults over peers				
Participates in group discussions				
Asks a peer to join an activity				
Follows daily routines				
Accepts redirection from adults				
Demonstrates behavioral meltdowns when wants are not met				

Comments:

Please rate the child as to how often he/she performs a task/behavior:

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Personal	0	1	2	3
Uses the restroom independently				
Washes hands with soap independently				
Puts on and takes off coat				
Buttons and zips up shirt and pants				
Works on tasks independently				
Separates easily from parents/guardians to begin school day				

Comments:

Please rate the child as to how often he/she performs a task/behavior:

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Physical	0	1	2	3
Cuts with scissors				
Ties his/her own shoes				
Walks up and down stairs independently				
Participates in gross motor activities without assistance				
Catches a ball				

Comments:

Please rate the child as to how often he/she performs a task/behavior:

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Communication	0	1	2	3
Asks for help from an adult or teacher when in need				
Expressive language is easily understood				
Becomes frustrated when he/she is not understood				
Uses expressive language to convey needs and wants				
Asks questions about a provided topic				
Shares interests with others				
Responds to an age appropriate questions				
Speaks in complete sentences				

Comments:

What are the strengths of the child in the educational setting?

What are the primary needs of the child?

Describe the child's interactions at school. Are they age-appropriate? Are there any needs or issues (academic/behavior/communication) we should be aware of?

Would you recommend this child to start kindergarten in the fall? Yes No