Wolf Creek Public Schools
Creating Success For All Learners

Student Name: _____ Birthdate: _____

Date Completed: _____ Completed By: _____

Kindergarten Readiness Checklist

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

Speech and Language delays	☐
Impairment or physical disability	☐
Significant developmental delays	☐
Vision or Hearing impairment (circle one/both)	☐
Severe behavioural difficulties	☐
Medical concerns	☐

Has your child ever attended a playschool or similar program?

YES ☐ NO ☐

Has your child recently had a:	
Vision test	☐
Hearing test	☐
Medical Check-up	☐
Speech Language test	☐

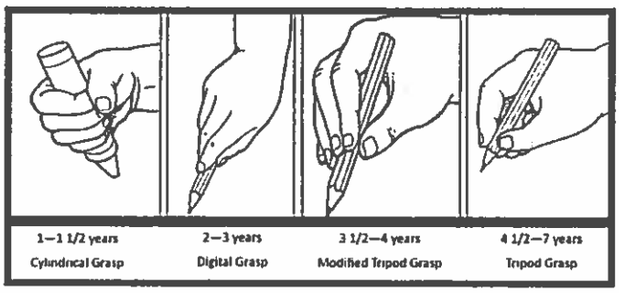
Background

The following is a brief checklist of items that will suggest if your child is ready for Kindergarten. Complete as best you can in order to help us determine your child's educational readiness.

Speech Sound Development	**Yes**	**No**	**Comments**
Is your child's speech clear to less familiar listeners? • 3 years old – 75% understood • 4 years old – 90% understood	☐	☐	
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). You might hear: • Him goes home, Them is coming over, Me do it, I need three glass, I saw two catses, He walk here, She eated, He don't like that.	☐	☐	
Does your child have difficulty asking questions?	☐	☐	
Does your child have difficulty naming objects in their environment?	☐	☐	
Does your child repeat words or word parts? (I w-w-want a drink. C-C-Can I have a drink?)	☐	☐	
Receptive Language (understanding)	**Yes**	**No**	**Comments**
Does your child have difficulty understanding questions?	☐	☐	
Does your child have difficulty following directions? (puzzled look, doesn't respond, only does part of instruction)	☐	☐	
Does your child have difficulty understanding words describing direction or position? (below/above, some/a couple, large/small left/right, first/second/last, under/over)	☐	☐	
Physical Development	**Yes**	**No**	**Comments**
Does your child enjoy outdoor play involving running, jumping, and climbing?	☐	☐	
Does your child kick a ball with both feet and throw overhand/underhand?	☐	☐	
Does your child hold a pencil correctly? (see below)	☐	☐	
Does your child have a dominant hand?	☐	☐	
Does your child cut with scissors?	☐	☐	

Social/Emotional Maturity	Yes	No	Comments
Is your child able to wait somewhat patiently (3-4 minutes) for your help?	☐	☐	
Is your child able to be independently entertained for 10-15 minutes? (play alone without technology/TV, using toys)	☐	☐	
Is your child able to accept a change in plans?	☐	☐	
Is your child able to share, compromise, turn-take, problem solve in play with other children?	☐	☐	
Does your child comply with rules, limits, and routines?	☐	☐	
Does your child notice the feelings of others?	☐	☐	
Cognitive Readiness	**Yes**	**No**	**Comments**
Does your child show interest in learning new things?	☐	☐	
Does your child listen and enjoy stories?	☐	☐	
Does your child recognize some letters in both upper and lower case?	☐	☐	
Can your child write his/her first name?	☐	☐	
Does your child recognize basic shapes, colours, numerals 1-10?	☐	☐	
Does your child use problem solving skills at home (what to do when thirsty/hungry/cold – can ask for or get a snack/blanket)	☐	☐	
Self-Help	**Yes**	**No**	**Comments**
Can your child get coat on/off and hang it up?	☐	☐	
Can your child dress on their own, such as button, snap and zip with minimal help?	☐	☐	
Does your child toilet independently without reminders (including washing hands)?	☐	☐	
Is your child able to clean up toys and projects with minimal prompting and assistance?	☐	☐	
Does your child try to tie his/her shoes?	☐	☐	

Pencil Grasp



Wolf Creek Public Schools - Early Learning Intervention and Resources

- http://www.wolfcreek.ab.ca/Early%20Learning.php

Personal / Medical Information

This part is for you to give information on your child's personal and medical history. Include anything that you think may have been important to your child's development.

Medical/health history of your child (such as premature birth, serious illness, ear tubes, etc.):

_____

_____

_____

_____

_____

_____

Medication is/was given for:

_____

_____

_____

_____

Personal/family history (such as a divorce, a recent death in the family, etc.):

_____

_____

_____

_____

Overall Development

Directions: Place an **X** in the column that best describes your level of worry, concern about each area of your child's development. We would like to know any areas that you think may be problem areas for your child. Think of your child at home. Responses will be used to help us understand your child's growth and needs.

Area of Development	My child is doing **OK**	I'm a **little worried**	I'm **somewhat worried**	I'm **very worried**
General Development				
Health				
Motor Skills				
Understanding and Thinking Skills				
Language Skills				
Self-help Skills				
Social Skills				
Vision				
Hearing				

Can you think of any other information that may be relevant or helpful to ensure your child has a successful Kindergarten experience? Please describe any other specific worries, concerns you have about your child:

_____

_____

_____

_____

_____

_____