**Kindergarten Readiness Form**

Child’s Name:       Male  Female

Date of Birth:       **DLL:** Yes No

Home Language:

Center:       Teacher:       Attendance:      %

**Would it be helpful for the school to do an observation of the child in current classroom? Yes**  **No**

**Health Issues/Allergies** Yes  No

* If yes, please explain.

**Was a CDS referral made?** Yes  No  If yes, date of referral:

Outcome of referral:

Diagnosis:

Presently receiving services? Yes  No  IEP Date:

- If not receiving services, please explain why.

**Is this child receiving mental health services of family counseling?** Yes No

- If yes, please note providers.

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**Social-Emotional, Emotion Expression and Regulation Strategies**

* How does this child enter into new situations?
* How does this child relate to peers and adults?
* How does this child cope with frustration, sadness, anger, anxiety?
* How does this child handle transitions?

**Self-Help**

* Toilet trained Yes  No

**Engagement and Persistence**

* Child has the attention span to be engaged in activities for       minutes.
* Can play independently for       minutes.

**Cognitive Development**

*Literacy*

* Able to distinguish separate sounds in words? Yes  Some  No
* Associating sounds with letters? Yes  Some  No
* Writing letters? Yes  Some  No
* Writing name? Yes  Some  No
* Does the child enjoy being read to? Yes  Some  No
* Does the child look at books independently? Yes  Some  No

*Math*

* Rote counts to \_\_\_\_\_.
* Writing numbers? Yes  Some  No
* Able to count using 1:1 correspondence? Yes  Some  No

**Motor Skills**

*Fine Motor*

* Pencil grip

Fisted grip

Palmar grasp

Pincer/tripod grip

* Use of scissors

Snip

Cut paper in two

Cut along a line or shape

*Gross Motor*

Is the child able to:

* Run Yes  No
* Jump Yes  No
* Galloping Yes  No
* Catch a ball Yes  No

**Other Comments:**