**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.

**°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°**

**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:**