

# SCHOOL READINESS WORKSHEET

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF PERSON COMPLETING WORKSHEET \_\_\_\_\_

POSITION / TITLE \_\_\_\_\_

DATE \_\_\_\_\_ AGE OF CHILD (yrs. / mos.) \_\_\_\_\_

DIRECTIONS: To help determine this child's readiness for school, answer the following questions based on your observations. Answer with an "Always", "Sometimes", or "Rarely".

	ALWAYS	SOMETIMES	RARELY
1. Puts together simple puzzles?	_____	_____	_____
2. Can trace a square, cross & circle?	_____	_____	_____
3. Knows how to zip and button?	_____	_____	_____
4. Can print or recognize first name?	_____	_____	_____
5. Takes care of toileting and self care needs (ie - dressing)?	_____	_____	_____
6. Can be separated from parents for up to 2 - 3 hours without becoming upset?	_____	_____	_____
7. Shows curiosity and interest about school?	_____	_____	_____
8. Demonstrates cooperative play skills (ie - sharing, taking turns, etc.)?	_____	_____	_____
9. Can sit quietly in a group without being disruptive?	_____	_____	_____
10. Enjoys being read to?	_____	_____	_____
11. Speech is easily understandable?	_____	_____	_____
12. Shows interest in working with color crayons and scissors?	_____	_____	_____
13. Can follow a 3 - step simple direction?	_____	_____	_____
14. Pays attention to short stories and can answer simple questions?	_____	_____	_____
15. Volunteers comments while in a group?	_____	_____	_____

Comments and/or recommendations \_\_\_\_\_

\*\*PLEASE BE SURE TO COMPLETE THE REVERSE SIDE. THANK YOU! \*\*

PLEASE COMPLETE THE FOLLOWING TO THE BEST OF YOUR ABILITY.

1. What is the approximate length of the child's attention span? (See question #9 on the reverse side). \_\_\_\_\_

2 A. What is the group or class size that the child is presently in? \_\_\_\_\_

B. What is the adult to child ratio? \_\_\_\_\_

3. Relating question #10 to the skill of receiving verbal instruction in our Language, Science, Social Studies, and Religion programs, would the child feel comfortable and successful in these areas? Explain \_\_\_\_\_

4. Can the child follow a 3 to 4 step direction in proper sequence, successfully and without any redirection or assistance? \_\_\_\_\_

5. Regarding the interest level in writing, and coloring/cutting activities, is the child comfortable and confident with fine motor skills activities? This will affect the general adaptive behavior in our classroom setting. \_\_\_\_\_

6 A. How many different adults does the child work with in an average day? \_\_\_\_\_

B. Does this child tend to want to stay with his/her parent or cling to one adult for security? \_\_\_\_\_

7. What is the usual length of the day of the program for this child? \_\_\_\_\_

Does the child take naps regularly? \_\_\_\_\_

Any additional information/opinion regarding the child's ability to adjust to an all day program? \_\_\_\_\_