



## KINDERGARTEN READINESS EVALUATION

PLEASE NOTE: The child's first experiences in school are most important. As parents, you have information about your child at home that will be of great value to the admissions office. Please complete this report and return to Christ the King School once a formal application has been submitted. Understand that we do not expect your child to have mastered all of the skills contained on this form, so please be as truthful as possible in your evaluation.

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME	PREFERS TO BE CALLED
CURRENT PRE-SCHOOL/KINDERGARTEN	NAME OF TEACHER		SCHOOL'S PHONE NO.
ATTENDANCE DATES	SCHOOL ADDRESS	CITY, STATE & ZIP	

Please **circle** the appropriate description.

**1. Does your child know:**

- |                            |     |                  |
|----------------------------|-----|------------------|
| his/her full name?         | Yes | Not at this time |
| his/her age?               | Yes | Not at this time |
| his/her birthday?          | Yes | Not at this time |
| his/her mother's name?     | Yes | Not at this time |
| his/her father's name?     | Yes | Not at this time |
| telephone number?          | Yes | Not at this time |
| address?                   | Yes | Not at this time |
| name and ages of siblings? | Yes | Not at this time |

**2. Does your child know the names of four or more colors?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**3. Does your child show an interest in numbers?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**4. Does your child recognize some numbers?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**5. How high can your child count?**

Up to \_\_\_\_\_

**6. Can your child count four or more objects?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**7. Can your child repeat a series of four numbers after hearing them once? (example: 2,4,6,8)**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**8. Does your child show an interest in letters?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**9. Can your child sing the alphabet song?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**10. Can your child recite the alphabet?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**11. Does your child recognize some letters of the alphabet in isolation?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**12. Does your child look at books with pictures and pretend to read?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**13. When your child pretends to read:** (circle one)

- It sounds like a story.*  
*There isn't much connection to the pictures.*

**14. Is your child able to retell a story in proper sequential order?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**15. Does your child know the days of the week?**

- |     |                  |
|-----|------------------|
| Yes | Not at this time |
|-----|------------------|

**16. Does your child understand:**

- |                      |     |                  |
|----------------------|-----|------------------|
| top, middle, bottom? | Yes | Not at this time |
| front, back?         | Yes | Not at this time |
| left, right?         | Yes | Not at this time |
| up, down?            | Yes | Not at this time |
| under, over?         | Yes | Not at this time |
| larger, smaller?     | Yes | Not at this time |
| longer, shorter?     | Yes | Not at this time |
| different, same?     | Yes | Not at this time |

**17. Does your child dress himself/herself?** (circle one)

- Yes, with a little assistance*  
*Has difficulty even with assistance*

(continued on back)

- 18. Can your child:**  
 button, unbutton? Yes *Not at this time*  
 buckle a belt? Yes *Not at this time*  
 put on, remove shoes? Yes *Not at this time*  
 tie shoelaces? Yes *Not at this time*  
 hang clothes on a hook? Yes *Not at this time*  
 put on, remove a jacket? Yes *Not at this time*
- 19. Can your child hold a pencil or crayon correctly?**  
 Yes *Not at this time*
- 20. Can your child write some of the letters in his/her name?**  
 Yes *Not at this time*
- 21. Can your child put together a nine-piece puzzle?**  
 Yes *Not at this time*
- 22. Can your child use a spoon without spilling?**  
 Yes *Not at this time*
- 23. Can your child get a drink of water without spilling?**  
 Yes *Not at this time*
- 24. Can your child use glue without too much mess?**  
 Yes *Not at this time*
- 25. Can your child hold scissors correctly?**  
 Yes *Not at this time*
- 26. Can your child cut simple shapes?**  
 Yes *Not at this time*
- 27. Does your child show an interest in drawing?**  
 Yes *Not at this time*
- 28. Can your child describe his/her drawing?**  
 Yes *Not at this time*
- 29. Is your child able to take care of his/her own toilet needs?**  
*(circle one)*  
 Yes Needs help at times *Not at this time*
- 30. Can your child:**  
 bounce a ball 5 times? Yes *Not at this time*  
 bounce a ball to someone? Yes *Not at this time*  
 catch a ball? Yes *Not at this time*  
 kick a ball? Yes *Not at this time*  
 pump self on a swing? Yes *Not at this time*  
 hop on one foot? Yes *Not at this time*  
 hop with two feet together? Yes *Not at this time*  
 stand on one foot (5 seconds)? Yes *Not at this time*  
 skip? Yes *Not at this time*  
 walk backwards? Yes *Not at this time*

- 31. Can your child follow directions for simple games?**  
 Yes *Not at this time*
- 32. Does your child ask questions beginning with "why" or "how"?**  
 Yes *Not at this time*
- 33. Can your child's speech be understood by persons unfamiliar with your child?**  
 Yes *Not at this time*
- 34. Does your child speak in full sentences?**  
 Yes *Not at this time*
- 35. Is your child able to communicate his/her wants, needs and thoughts verbally?**  
 Yes *Not at this time*
- 36. Can your child be away from you for a full day without becoming upset?**  
 Yes *Not at this time*
- 37. Can your child be left with a babysitter without too much fuss?**  
 Yes *Not at this time*
- 38. Is your child able to make friends easily?**  
*Most of the time* *Not at this time*
- 39. Is your child able to keep a friend?**  
*Most of the time*  
*Some of the time*  
*Has difficulty keeping friends*
- 40. Does your child know how to take turns?**  
*Most of the time*  
*Some of the time*  
*Has difficulty*
- 41. Does your child identify other children by name?**  
 Yes *Not at this time*
- 42. Does your child usually?**  
 remember to say "please"? Yes *Not at this time*  
 remember to say "thank you"? Yes *Not at this time*  
 use good table manners? Yes *Not at this time*

**43. What are your expectations for your child entering a kindergarten program?**

Parent Signature: \_\_\_\_\_