



# Kindergarten Readiness Checklist

Rockford Lutheran School

*"Igniting Minds and Souls"*

To help determine your child's readiness for school, our Kindergarten Readiness Checklist will give us an idea how well your child is doing in acquiring these skills. Please answer the following questions based on your observations.

| Child's Name _____ Birthdate _____                  |           |           |        |
|---|-----------|-----------|--------|
| MY CHILD  | REGULARLY | SOMETIMES | RARELY |
| <b>SOCIAL INTERACTION</b>                           |           |           |        |
| Respects and Responds well to those in Authority    |           |           |        |
| Demonstrates cooperative play skills                |           |           |        |
| Can sit quietly in a group without being disruptive |           |           |        |
| Expresses feelings and needs                        |           |           |        |
| Can spend extended periods away from parents        |           |           |        |
|   |           |           |        |
| <b>SCHOOL READINESS</b>                             |           |           |        |
| Shows curiosity and interest about school           |           |           |        |
| Enjoys being read to                                |           |           |        |
| Speech is easily understandable                     |           |           |        |
| Can follow simple directions                        |           |           |        |
| Uses complete sentences when speaking               |           |           |        |
| Asks questions about things around him / her        |           |           |        |
| Can tell a story in sequence                        |           |           |        |

*(Please Complete Other Side)*



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| MY CHILD                                 | REGULARLY | SOMETIMES | RARELY |
|--|-----------|-----------|--------|
| <b>FINE MOTOR</b>                        |           |           |        |
| Puts together simple puzzles             |           |           |        |
| Can trace a square, triangle, and circle |           |           |        |
| Knows how to zip and button              |           |           |        |
| Can print and recognize first name       |           |           |        |
| Holds scissors correctly                 |           |           |        |
| Holds a writing utensil correctly        |           |           |        |
|  |           |           |        |

Please indicate if any of the following affect your student:

- Hearing Impairment     Vision Impairment     Speech Impairment     Hemophilia     Asthma  
 ADD/ADHD     Seizures     Diabetes/Hypoglycemia     Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_