

KINDERGARTEN REGISTRATION QUESTIONNAIRE

Child's Name: _____ Date: _____

My child WILL be 5 years old by August 1 YES or NO

My child attended preschool:

_____ 0 years

_____ 1 year

_____ 2 years

_____ Other: _____

These are the things my child CAN DO without prompts or assistance:

Pre-Academics

YES NO Recognizes 8 basic colors

YES NO Recognizes the following shapes: circle, square, triangle, and rectangle

YES NO Recognizes some letters, particularly letters in their name

YES NO Writes their first name from memory

YES NO Draws basic shapes (circle, square, triangle, rectangle)

YES NO Counts orally to 10

YES NO Identifies numbers to 10

YES NO Matches numbers to small sets of objects up to 5

YES NO Uses scissors to cut lines and shapes

Social-Emotional and Self-Help

YES NO Separates from parents without tears

YES NO Speaks in 4-5 word sentences and answers questions verbally

YES NO Can others (not family members) understand what you says when speaking

YES NO Manages emotions and copes with frustration or disappointment

YES NO Shares and waits turn

YES NO Follows one and two step directions

YES NO Follows routines and transitions to the next activity when needed

YES NO Puts on and takes off coat independently

YES NO Uses the toilet independently

YES NO Plays with peers appropriately

YES NO Do you feel your child needs speech therapy

