

STUDENT: _____

KEY: M = Most of the Time

D = Developing the Skill

N = Not at this Time

CLASSROOM SETTING		PRE-ACADEMIC	
Works/plays independently for short periods		Identifies colors: Red Blue Green Yellow	
Follows classroom rules		Orange Black Brown Purple (<i>circle known colors</i>)	
Follows classroom daily routine		Identifies shapes: Circle Square Triangle	
Attends for 5-10 minutes in a group setting		Rectangle (<i>circle known shapes</i>)	
Uses restroom independently		Identifies and describes a picture	
Makes transition:		Recognizes first name in print	
• from home to school		Recognizes letters in first name	
• throughout the building		Prints first name (<i>sample on front</i>)	
• within the classroom		Identifies words that begin with the same sound	
		Identifies words that rhyme	
SOCIAL		Sings simple songs/repeats rhymes	
Adjusts to changes in routine		Identifies and names numerals 0-9	
Demonstrates cooperative behavior:		Counts using 1:1 correspondence to at least 5	
• turn taking (with children/with adults)		MOTOR DEVELOPMENT	
• helping others		Gross Motor:	
• sharing		• Demonstrates ability to: hop jump climb	
Demonstrates self-control:		balance (<i>circle skills accomplished</i>)	
• waiting for a turn		• Demonstrates spatial awareness, position of body	
• keeping hands to self		in space	
COMMUNICATION		Fine Motor:	
Responds when name is called		• Works appropriately with scissors	
Communicates wants and needs		• Works appropriately with crayons, markers, pencils	
Uses intelligible speech		• Works appropriately with puzzles, Legos, other	
Verbally expresses feelings/emotions appropriately		manipulatives	
Answers simple questions about a story		• Manages clothing independently	
Follows simple directions			
Recites first and last name when asked			

PLEASE PRINT ALL INFORMATION

Comments: (Is there any information specific to this child that would assist the Kindergarten teacher? Include information about successful teaching strategies, child's strengths, child's needs, etc.)

**PLEASE COMPLETE DURING APRIL AND SEND BY
MAY 1ST TO DISTRICT CONTACT PERSON**

Copies: School District
Early Childhood Service Provider
Parent

