



Resources for Child Caring

Raising the standard of care for children

Kindergarten Readiness Checklist

Not sure if your child is ready to tackle the world of kindergarten? This Kindergarten Readiness Checklist will give you an idea of your child's strengths, and of areas where he/she may need some extra attention. It's a good idea to go over the checklist with your child and work together on skills that may need improvement. In a few weeks, go through the checklist again to see how much your child has improved.

Fine Motor Skills

- | | | |
|---------------------------------------|------------------------------|----------------------------------|
| 1. Puts a 10–12 piece puzzle together | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 2. Holds scissors correctly | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 3. Holds a pencil or crayon properly | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |

Gross Motor Skills

- | | | |
|-----------------------------|------------------------------|----------------------------------|
| 1. Runs, jumps and skips | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 2. Walks backward | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 3. Walks up and down stairs | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |

Social Skills

- | | | |
|--|------------------------------|----------------------------------|
| 1. Uses words instead of being physical when angry | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 2. Speaks clearly so an adult can understand him/her | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 3. Plays with other children | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 4. Follows simple directions | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 5. Expresses feelings and needs | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 6. Goes to the bathroom by him/herself | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 7. Waits his/her turn and shares | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 8. Talks in sentences | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |



Kindergarten Readiness Checklist - Social Skills, continued

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|--|------------------------------|----------------------------------|
| 9. Asks questions about things around him/her | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 10. Enjoys having books read to him/her | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 11. Can tell a story about a past event | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 12. Says "please" and "thank you" | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 13. Can spend extended periods away from mom and dad | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |

Academic Skills

- | | | |
|--|------------------------------|----------------------------------|
| 1. Recognizes shapes (square, circle, triangle, rectangle) | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 2. Can sort items by color, shape, and size | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 3. Can identify six parts of his/her body | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 4. Understands concept words such as up, down, in, out, behind, and over | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 5. Counts from 1 to 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 6. Recognizes five colors | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 7. Tries to write his/her name | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 8. Recognizes his/her written name | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |

Personal Information

- | | | |
|--|------------------------------|----------------------------------|
| 1. Knows his/her full name | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 2. Knows how old he/she is | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 3. Knows his/her address and telephone number | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |
| 4. Knows his/her mother and father's first names | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Yet |

Information taken from: <http://preschoolerstoday.com>

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