



Parent Surveys at Kindergarten Entry

Prepared by:

Child and Family Policy Center for the BUILD Initiative

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This document provides examples of questionnaires in use by different schools and shows the range of information that can be gathered from parents at the time of kindergarten entry. It is intended as a supplement to the BUILD brief, *Families Know Best*.

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Included in this compendium are a number of parent surveys about their children at the time of kindergarten entry, developed by different local schools or districts. Most are two pages in length and these are designed to be completed by parents at the time of kindergarten e n t r y .

1. Chesterfield County Kindergarten Parent Questionnaire
2. Boston Kindergarten Parent Question
3. Cypress School District Kindergarten Parent Survey
4. Kings Park Kindergarten Parent Questionnaire
5. Kindergarten Readiness Summer Academy Parent Questionnaire
6. Rochester Play! Parent Questionnaire
7. Plymouth Public Schools Kindergarten Parent Questionnaire
8. Granby Kindergarten Parent Questionnaire
9. New York City Moving to Kindergarten Parent Questionnaire (4 pages)
10. Stone Ranch Parent Questionnaire (3 pages)

In addition, schools or communities may provide parents with checklists or tip sheets or other materials indicating what they would like children to know and be able to do at the time of kindergarten entry, frequently with additional tips to parents on how they can support their child's acquisition of skills. Two of these are provided, as well.

11. Polk County, Iowa "Getting Ready for Kindergarten Checklist (part of a calendar that also includes month-by-month activities).
12. Quad Cities 10 Things Your Child Needs to Know Before Kindergarten.



Kindergarten parent questionnaire

Please take a few moments to introduce your child to us through this questionnaire. The information you provide will be shared with the classroom teacher and other school staff members who will be working with your child. Thank you for providing this information —we look forward to meeting and working with your child.

Child's name _____

Name to be called _____

Date of birth'-- _____

Name of person completing questionnaire _____ Relationship to child _____

Names of other people living in the home _____

Language Language first spoken by the child _____

Language child uses most often'-- _____

Language parents use most often'-- _____

Please circle the response that best applies:

1. My child has participated in these activities (circle all that apply):

preschool/day care in-home child care

play group organized sports

creative/dramatic activities
(such as dance, arts and crafts, music)

2. My child enjoys these activities (circle up to five):

looking at books using computer

playing with puzzles watching television

building with blocks imaginative play

playing outside listening to stories

coloring using scissors and paste

3. My child will ask for help when needed from a familiar adult.

often

sometimes

seldom/never

turn page over

4. Someone reads to my child.

often

sometimes

seldom/never

5. My child stays interested in self-chosen activities for

20-30 minutes

10-20 minutes

5-10 minutes

6. My child separates easily from a parent.

often

sometimes

seldom/never

7. My child participates in daily family routines and chores.

often

sometimes

seldom/never

8. My child takes care of bathroom needs independently.

often

sometimes

seldom/never

9. My child enjoys playing alone.

often

sometimes

seldom/never

10. My child enjoys playing with other children his/her own age.

often

sometimes

seldom/never

11. My child has a medical concern I would like to discuss before school begins. yes no

12. This year in kindergarten, I would like for my child to _____

13. There is additional information I would like to share. yes no

Optional comments _____



Kindergarten Parent Questionnaire

Please take a few minutes to answer the questions below and then return the completed form to your child's new kindergarten teacher. This questionnaire will help the teacher get to know your child better and help inform instruction. Thank you!

CHILD NAME: _____

BIRTHDAY: _____

PLACE OF BIRTH: _____ **AGE:** _____

1. Please list the names and ages of your child's brothers and sisters or other children in the home.

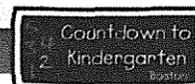
2. What is the primary language spoken in your home? Are there any other languages spoken? Does your child know more than one language?

3. With whom does your child live (i.e. mom, dad, mom and dad, grandmother, other)?

4. Is your child toilet trained? If no, where is he or she in the process?

5. What time does your child typically go to bed?

6. What responsibilities does your child have at home?



7. Please list any fears your child may have (dogs, being alone, etc).

8. What comforts your child when he/she is upset?

9. What are your child's interests and hobbies?

10. Is there anything else you would like to share about your child (daily routines, likes/dislikes)?

11. Does your child have any allergies? Please list.

12. Does your family have special celebrations that you'd like to share with the class?

13. Has your child had previous experience in a preschool or daycare setting? If yes, please include the name of the center or school.

14. What are your expectations for the Kindergarten program? What specific things would you like to see happen this year?

15. Please share something special about your child with me.

If there is any other important information you would like to share in a more confidential manner, please feel free to set up an appointment with your child's teacher.

Best wishes for an exciting year ahead! Thank you for taking the time to fill out this questionnaire.

CYPRESS SCHOOL DISTRICT
Education Services Division

KINDERGARTEN PARENT QUESTIONNAIRE

Dear Parent(s):

The first days of school are big moments in your child's life. It is the purpose of the school to make these experiences happy, constructive and enduring. The more we understand your child, the greater the possibility of insuring the success of your child first school experiences.

You know your child; we have not had the opportunity. In order that we may serve your child well, would you assist us in more rapidly becoming acquainted with your child by responding to the following questions. We will now, and in the future, be glad to have you amplify this information in any way that will assist us to better educate your child.

Child's legal name: _____ Name child goes by _____

I. General Information

A. Child's birth date:

B. Sex of child: Female Male

C. Names and ages of brothers and sisters:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

D. Does he/she have any special health problems of which the school should be aware?

Please explain: _____

E. Is he/she right-handed or left-handed? _____

F. Does he/she have any noticeable speech problems? Yes No

If yes, please explain:

G. Is more than one language spoken at home? Yes No If yes, what language? _____

II. Experiences

A. What special interests does he/she have? _____

B. Does your child have pet(s)? Yes No What kind(s)? _____

C. How many hours a day does he/she watch TV? _____
What kind of programs? _____

D. Has your child traveled by: plane ship train bus

E. Has your child been to: a large zoo a large park a museum a circus performance
 baseball game basketball game football game

F. Does he/she put on and button clothes Yes No Lace his own shoes Yes No

- G. Does he/she like to: skip hop gallop
- H. Does he/she toss and catch a ball? Yes No
- I. Does he/she use crayons? Yes No
- J. Does he/she seem afraid of: animals storms the dark
- K. Does your child tell familiar stories (Three Bears)? Yes No
- L. Does your child ask you words (from books, signs, cereal boxes)? Yes No
- M. Has your child had any formal preschool experiences? Yes No
 What kind? _____

III. Parent Involvement

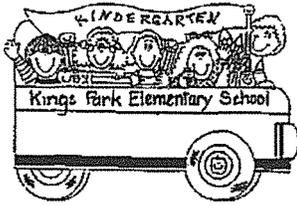
- A. Would you be available to observe beginning reading techniques in the classroom? Yes No
- B. Would you be able to work voluntarily in the classroom with children on a regularly scheduled basis?
 Yes No
- C. Would be able to work voluntarily on a special activities committee (cut and paste materials at school or home for classroom use)? Yes No
- D. Would you be able to accompany the class on field trips and assist with the children? Yes No
- E. Are you interested in being a community resource aide (example - talk to children about a specific unit of study)? Yes No What area would you be willing to talk about to the class? _____

IV. Additional comments: _____

 Parent Signature

 Date

KINGS PARK KINDERGARTEN PARENT QUESTIONNAIRE



Please help the Kings Park staff learn as much as we can about your child so that your child's kindergarten year can be a most successful one!

CHILD'S NAME:

GENDER (male/female): _____

BIRTHDATE (month/day/year): _____

SUBDIVISION (such as Lakepointe, Queensgate, Cardinal Estates):

SIBLINGS (name/age): _____

- What name does your child prefer?
- Does your child attend (check all that apply):
 - Home daycare
 - Commercial daycare (such as Children's World, Kindercare)
 - Preschool
- *How many days a week?*
- *Name of school?*
- Does your child speak a language other than English? Yes No
- *If yes, what language(s)?* _____

- Does your child:
 - Play well with other children? [Yes Sometimes Not yet
 - Share and take turns? [Yes Sometimes Not yet
 - Make and keep friends? [Yes Sometimes Not yet
 - Resolve differences without hitting? [Yes Sometimes Not yet
- Comments:*

- Does your child recognize and name the letters of the alphabet when shown in random order? All Some Not yet

PLEASE CONTINUE

KINDERGARTEN READINESS SUMMER ACADEMY

PARENT QUESTIONNAIRE

Child's Name _____

Parent/Guardian's name _____

Phone Number _____

Address _____

- (circle one)
1. Does your child have any preschool experience? Yes No
 2. Can your child draw recognizable pictures? Yes No
 3. Can your child print all or part of his/her name? Yes No
 4. Does your child show interest in books? Yes No
 5. Does your child play comfortably and successfully with others? Yes No
 6. Does your child have the ability to dress/undress by themselves? Yes No
 7. Can your child name the colors? Yes No
 8. Can your child count objects up to 5? Yes No
 9. Does your child sing simple songs? Yes No
 10. Does your child invite others into his/her play? Yes No
 11. Does your child show interest in playing with others? Yes No
 12. Does your child have the ability to follow 2-3 part directions?
(For example, "Go to your room, get your shoes and put them on.") Yes No
 13. Can your child hold and use a scissors correctly? Yes No
 14. Can your child hold a pencil with a 3-finger grasp or a grip that is comfortable and effective for him/her? Yes No
 15. Can your child listen to a story from beginning to end? Yes No
 16. Can your child recognize his/her name in print? Yes No
 17. Is your child usually cooperative? Yes No
 18. Does your child seem fearful or anxious when you are leaving? Yes No
 19. My child uses pencils/crayons/markers: often occasionally never
 20. My child uses scissors: often occasionally never

(OVER)

My child's strengths:

Areas in which I would like my child to improve:

PLEASE INDICATE THE AREA(S) YOU FEEL YOUR CHILD NEEDS EXTRA ATTENTION.

Participation in a group

Book Handling

Socialization in group setting

Fine Motor Skills

Exposure to Literature

Self-help skills

Language Skills

Beginning counting

Boosting self-confidence

ROCHESTER PLAY! PARENT QUESTIONNAIRE

"Learning about our most important customer."

Child Information

Child's Name _____ Date of Birth _____

Parents' Name _____ Date of Registration _____

Note to Parents: The information we are requesting below will help us understand your child better
And will further sensitize us to his/her needs.

SCHOOL EXPERIENCE

1. Has your child ever attended a child care or preschool? Yes or No Name of school(s) they attend(ed):

2. How old was your child when he/she entered? _____

3. Full day or hruf day? _____

4. Was it difficult for your child to leave you when being dropped off? _____

5. How did he/she like the child care or preschool experience? _____

6. What observations did the child care/ preschool share with you about your child? _____

7. What special help or services did your child receive at preschool? _____

8. How does your child feel about being left? _____

9. What insights do you have about your child that would be helpful for the Rochester Play! caregivers?

10. Are there any difficulties you anticipate your child having while being in Rochester Plays care? _____

11. What are your child's interests? _____

12. What are your child's strengths? _____

PLEASE TURN OVER

HOME AND FAMILY INFORMATION

1. Were there any difficulties with your pregnancy of delivery with your child? If yes, please explain: _____

2. Are there any recent life events that have occurred in your family? Please check any that apply:

Move _____ New Sibling _____ Divorce _____ Other: _____

3. Does your child have brothers or sisters? Please list.

NAME: _____	Sex: _____	Age: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is your child a member of a (check one) _____ two parent family?
_____ single parent family?
_____ step or remarried family?

***If there are custody papers for your child, we need those on file to adhere to them properly.*

5. What language did your child first learn to speak? _____

6. What language do you consider to be the language your child is most comfortable speaking and understanding? _____

7. What language do you speak in your home? _____

8. Father's occupation? _____

Mother's occupation? _____

9. What would you like your child's caregiver to know about how your child expresses his/her feelings?

10. What is your child's reaction to stress? Please check any that apply.

_____ Cries

_____ Headache

____ Stomach Ache

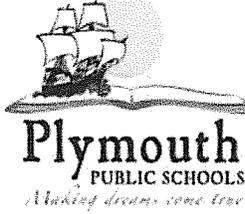
_____ Bites

_____ Other: _____

11. Parent concerns: If you would like to meet with any of the following people to discuss any concerns, please check below and we will have the person contact you for a meeting.

_____ Teacher _____ Director _____ Other: (explain) _____

12. Is there anything else you feel we need to know about? _____



Kindergarten Parent Questionnaire

Date: _____		Interviewer: _____	
Child's Name: _____		Date of Birth: _____	
<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Month / Day / Year</small>
Address: _____		Home Phone: _____	
<small>Street Address</small>		<small>Father / Mother / Guardian (Circle One)</small>	
_____		Cell Phone: _____	
<small>Mailing Address if Different</small>		<small>Father / Mother / Guardian (Circle One)</small>	
_____		Work Phone: _____	
<small>Town</small>	<small>State</small>	<small>Zip</small>	<small>Father / Mother / Guardian (Circle One)</small>

SCHOOL HISTORY	FAMILY BACKGROUND										
<p>Has the child attended school before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," name of school: _____</p> <p>Dates of attendance: _____</p> <p>Number of days per week: _____</p> <p>Describe your child. Is your child: <input type="checkbox"/> Friendly</p> <p><input type="checkbox"/> Determined <input type="checkbox"/> Cooperative <input type="checkbox"/> Shy</p> <p><input type="checkbox"/> Very Active <input type="checkbox"/> Independent <input type="checkbox"/> Self-Motivated</p> <p>How does your child prefer to spend his/her time?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>What are his/her favorite toys and activities?</p>	<p>Father's Name: _____</p> <p>Occupation: _____</p> <p>Mother's Name: _____</p> <p>Occupation: _____</p> <p>:</p> <p>Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed</p> <p style="text-align: right;"><input type="checkbox"/> Youngest <input type="checkbox"/> Only</p> <p>Other children and/or family members:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Name</th> <th style="text-align: center; border-bottom: 1px solid black;">Age</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>	Name	Age								
Name	Age										

K"ndergarten parent Quesf1onna1re

DEVELOPMENTAL HISTORY	DAILY HABITS
<p>1. Has your child been screened or evaluated before? <input type="radio"/> Yes <input type="radio"/> No If "Yes," by whom: _____ _____</p> <p>2. Child's birth weight: _____</p> <p>3. As an infant, your child was: <input type="radio"/> Active <input type="radio"/> Quiet</p> <p>4. At what age did your child: • sit without support? _____ • walk without help? _____ • use single words with meaning? _____</p> <p>5. Has your child ever been seriously ill? <input type="radio"/> Yes <input type="radio"/> No If "Yes," explain: _____ _____</p> <p>6. Was your child ever hospitalized? <input type="radio"/> Yes <input type="radio"/> No If "Yes," how long? _____ At what age? _____ Why? _____ _____ _____</p> <p>7. Does your child have any problems (e.g. allergies): <input type="radio"/> Yes <input type="radio"/> No If "Yes," explain: _____ _____</p> <p>8. Does your child have tantrums? <input type="radio"/> Yes <input type="radio"/> No If "Yes," how do you manage your child on these occasions? _____</p>	<p>1. Does your child play with children outside the family? <input type="radio"/> Yes <input type="radio"/> No</p> <p>2. Does he/she prefer to play with younger children? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Does your child like to be read to? <input type="radio"/> Yes <input type="radio"/> No If "Yes," by whom? _____</p> <p>4. Does your child have a responsibility at home? <input type="radio"/> Yes <input type="radio"/> No If "Yes," explain: _____ _____</p> <p>5. Does your child dress him/herself, handle zippers, pick up his/her toys? <input type="radio"/> Yes <input type="radio"/> No _____ _____</p> <p>6. Has there been any significant or upsetting event in your child's life? <input type="radio"/> Yes <input type="radio"/> No If "Yes," explain: _____ _____</p> <p>7. Is there anything else that you would like us to know about your child? _____ _____</p> <p>8. How does your child feel about starting kindergarten? _____</p>

GRANBY KINDERGARTEN PARENT QUESTIONNAIRE

Please help us get to know your child by accurately completing the questions below.

Child's Name: _____

Birthday: _____ Age: _____ Years _____ Months

1. Names and ages of brothers and sisters.
2. Has your child attended preschool, daycare or a play group?

Name of school or daycare center: _____

Length of time at school/daycare center: -----

Please describe your child's experience at their preschool/daycare center: -----

I give permission for the kindergarten teacher to contact my child's previous school to request information about his/her early learning experiences.

(Parent's Signature) Date: _____

3. Are you concerned about your child's speech development? If yes, explain.
4. Do you have any concerns or information that should be shared regarding your child's behavior, maturity, or social skills?
5. Does your child have a special hobby or interest?
6. Does your child have any fears we need to be aware of?
7. What chores does your child do at home?

(over)

8. Does your child like to read or have stories read to him/her?
9. If your child is reading, how was he/she taught to do so and for how long has he/she been reading?
10. Do you see your child as a happy child?
11. What skills have you helped your child acquire?
- | | |
|-------------------------------------|---|
| _____ <i>Saying Address</i> | _____ <i>Buttoning</i> |
| _____ <i>Saying Phone Number</i> | _____ <i>Ziping</i> |
| _____ <i>Saying Full Name</i> | _____ <i>Counting Money</i> |
| _____ <i>Printing Full Name</i> | _____ <i>Telling time</i> |
| _____ <i>Counting (How far?)</i> | _____ <i>Recognizing Letters of Alphabet</i> |
| _____ <i>Knowing Right and Left</i> | _____ <i>Reciting Nursery Rhymes</i> |
| _____ <i>Naming Colors</i> | _____ <i>Adjusting to New People and Places</i> |
| _____ <i>Tying Shoes</i> | _____ <i>Riding a Bicycle</i> |
12. What are your hopes for your child's kindergarten experience?
13. Do you have any special skills or talents which might be helpful in our Kindergarten program? If so, would you like to share them with the class in some way?
14. Would you be interested in being a parent volunteer in our classroom? If interested, please write down your telephone number and the day(s) you are available.
15. Is there anything else you would like to tell us about your child?

Your interest and cooperation is appreciated. This information about your child is very important and helpful to us as we plan educational experiences for the kindergarten classroom. We are looking forward to working with you and your child this coming year.

moving to kindergarten



..My Child's Profile)
Ask your child to make a picture of him/herself

.ARTIST'S NAME: _____

Invite your child to write his/her name as best as he/she can, orjeel free to write itfor him/her.

CHILD'S NAME _____

TODAY'S DATE ____/____/____

CHILD'S DATE OF BIRTH ____/____/____

TELL US MORE...

Answer the questions you like best!



More family information

Who are the most important people to your child?

Do you have any family pets?

If so, what kind, and what are their names?

CHANGES IN FAMILIES AFFECT CHILDREN IN DIFFERENT WAYS:

Have there been any changes in your family in the last year? Do you anticipate any big changes in the upcoming year? How does your child react when things change?

What else do you want your child's teacher to know about you or your family?

More health information

What is your child's favorite food? Least favorite?

What is your child's sleeping routine like?

What kinds of illnesses has your child experienced in the last 6 months (e.g. pinkeye, cold, stomachaches)?

Does your child have any other medical or health needs (e.g. nightmares, constipation) that you would like the teacher to know about?





Tell us more about your child's previous school and other experiences

Who cares for your child when you are not with him/her?

Do you think that other children your child knows will be attending this school or kindergarten class?

When you talked to your child about kindergarten or school, what questions has he/she had? What questions do you have?

Sometimes, parents are as nervous about their children starting school as their children might be. What are your concerns or worries?

What places has your child been that s/he would like to visit again?

Tell us more about your child's personality and interests

List 3 -5 words that describe your child.

When your child plays alone, what kinds of things does he/she like to do? What about when your child plays with others – what are his/her activities of choice with friends or playmates?



Five-year-old children exhibit a range of behaviors when they're angry. How does your child express anger? What about when he/she is disappointed? Frustrated? Afraid?

Does your child have any very strong interests in particular things (for example: trains, dinosaurs, dolls)?

What else would you like your child's teacher to know about your child's personality, interests, or needs?

Who lives in your household (siblings, extended family, etc.)?

Does your child have any medical conditions?

Does your child have any allergies?

Does your child have any dietary restrictions?

How do you know that your child is getting sick?

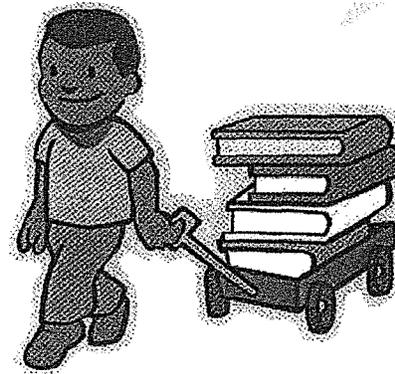
How does your child do when he/she separates from you? Does he/she have a favorite toy or book that helps him/her in these kinds of situations?

It is important for adults in your child's life to be able to comfort him/her. What are the best ways to comfort your child when he/she becomes uncomfortable or upset?

What is your child's favorite book?

If your child attends/has attended child care, preschool, or Head Start, what were his/her experiences like there?

Where did your child attend?



PARENTS' NAMES _____

ADDRESS _____

PHONE NUMBERS

HOME _____

MOBILE _____

WORK _____

OTHER _____

E-MAIL _____





Kindergarten Parent Questionnaire

Please return this form with your registration papers.

Child's Name _____ _ Birthday _____ male/Female
(circle one)

This questionnaire will be given to your child's new teacher to help her become acquainted with your child and plan the first few weeks of kindergarten instruction. Your child is not required to master the skills on this questionnaire to begin kindergarten. Please answer each question as best as you can and thank you *for* taking the time to complete the questionnaire!

Your child must be five years old on *or* before December 2, 2012 to be registered *for* school starting in August. It is your decision whether *or* not to delay kindergarten entrance *for* another year. If you are unsure whether to enroll your child in kindergarten, the child's preschool teacher is a valuable source of information about your child's kindergarten readiness. It is important to remember language, cognitive, social-emotional, and motor development of young children are complex and individual processes that do not occur at an incremental, uniform pace. You should consider your child's individual progress in these areas when making the decision to begin kindergarten and be assured that the Stone Ranch teaching staff is committed to providing differentiated instruction to meet the needs of all students.

1. In the past year, has your child participated *in...* (please check all that apply)

_____ In-home daycare (*outside of your home*)

_____ Commercial daycare Name of daycare _____

_____ Preschool Name of Preschool _____

_____ Stay at home

Other _____ (please specify)

2. What language does your child speak most of the time? _____

3. Are there other children living in your home? yes/no (circle one) If yes, what are their ages? _____

4. Will your child attend afterschool daycare once kindergarten goes to full day? yes/no (circle one)
 If so, please specify: ESS Boys & Girls Club other? _____

This part of the questionnaire is based on the Desired Results Developmental Profile, which contains developmental skills that lead to kindergarten standards. Please put a checkmark in the appropriate box that best describes your child *for* each question.

Communication	Not yet <small>(but we know it will happen)</small>	Emerging <small>(can do with support or when prompted)</small>	Almost mastered <small>(most of the time)</small>	Fully mastered <small>(always)</small>
	1. Follows two-step requests that are sequential, but not necessarily related (e.g., "Please pick up the ball AND then go get your coat.")			
2. Engages in conversation (e.g., tells about a past event or asks how something works)				
3. Can express his/her needs and feelings		<small>When prompted</small>		

Interpersonal Skills	Not yet (but we know it will happen)	Emerging (can do with support or when)	Almost mastered (most of the time)	Fully mastered (always)
1. Responds to and makes verbal greetings at appropriate times (says good morning or "hi" if prompted by a familiar adult)				
2. Cooperates with peers during play		With support		
3. Negotiates with peers to resolve conflicts without physical contact (e.g., agrees to sharing and taking turns)		With support		
4. Uses kind words with others		With support		
5. Exhibits impulse control and self-regulation (e.g., uses appropriate words to show anger when a toy is taken by another child and shows some patience when waiting for his/her turn)		With support		
6. Follows rules when participating in routine activities (e.g., joins group for circle time, tolerates transitions)				

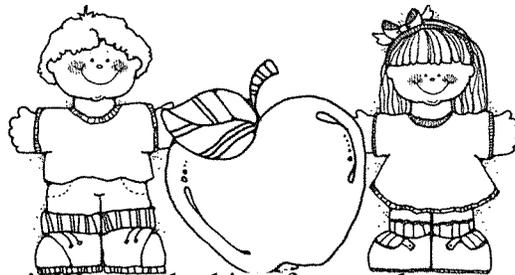
Demonstrates Emerging Independence	Not yet	Emerging	Almost mastered	Fully mastered
1. Can say first and last name when asked				yes
2. Uses the bathroom, wipes, and washes hands independently				
3. Knows his/her birthday when asked				
4. Knows his/her phone number when asked				

Emerging mathematical Skills	Not yet	Emerging	Almost mastered	Fully mastered
1. Recites numbers from 1-10	(<2)	(2-5)	(6-10)	(>10)
2. Uses size words like "many," "big," and "little" appropriately				
3. Understands that numbers represent quantity (e.g., can get three apples out of a bag)				
4. Describes how items are the same or different				
5. Matches and names simple patterns (e.g., red-blue-red-blue)				
6. Can identify common shapes (e.g., square, rectangle, triangle)	(<11)	U-2!	(3-4)	(>4)
7. Can identify ten colors	(<2)	(2-5)	(6-10)	(>10)

Emerging Literacy Skills	Not yet	Emerging	Almost mastered	Fully mastered
1. Understands that letters make up words (e.g., knows some of the letters in his or her name)				
2. Recognizes print in the environment (e.g., signs at stores)				
3. Makes letter-sound correspondences (e.g., "b" says /b/)	(<10)	{11-19}	(20-25)	(26)
4. Recognizes and names all the letters in the alphabet in random order	(<10)	{11-19}	(20-25)	(26)
5. Can write his/her name without support		With support		
6. Can write some words independently	(0)	U-2!	(3-10)	(>10)

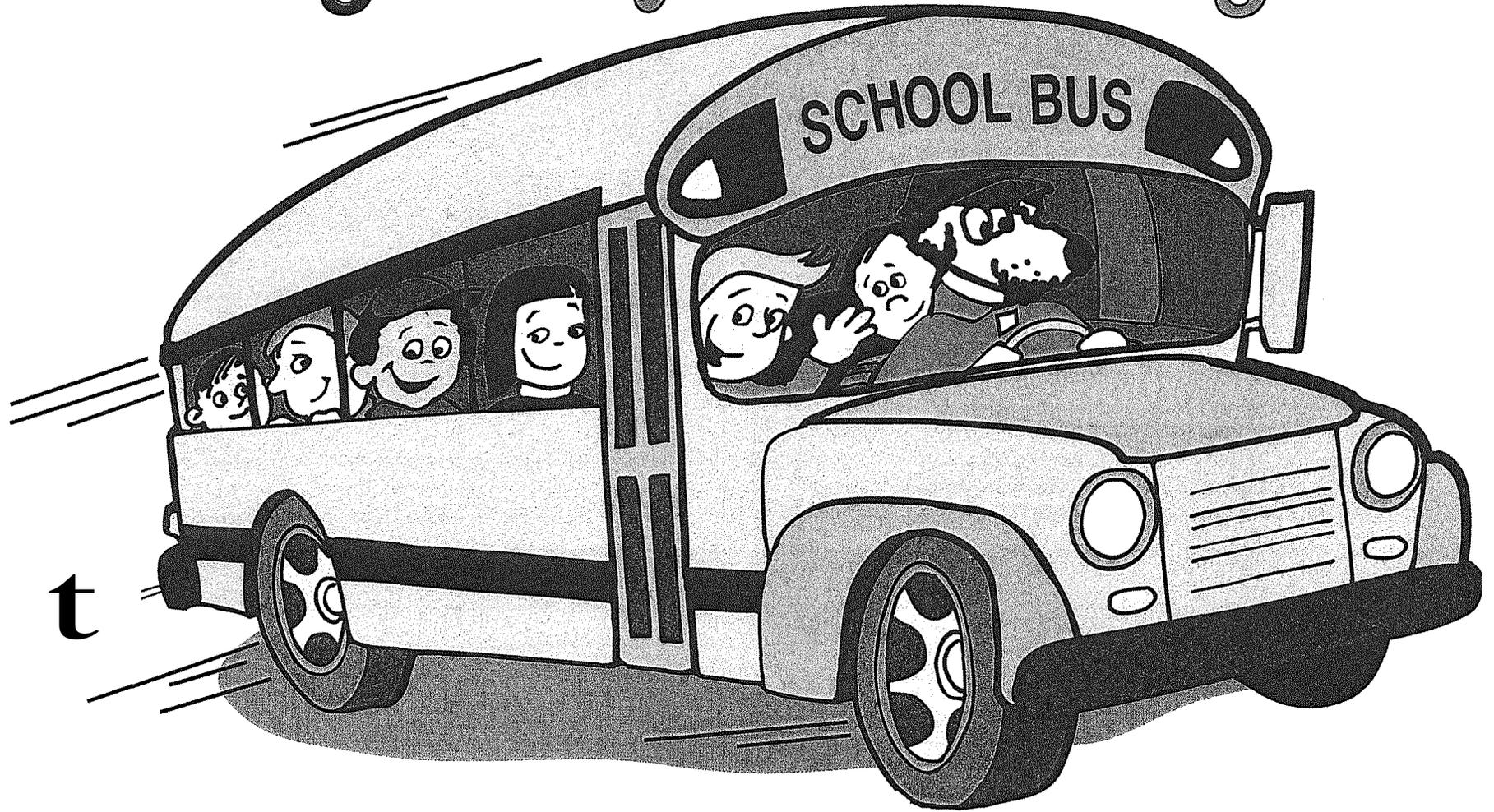
Large and Small motor Skills	<u>Not yet</u> (but we know it will happen)	<u>Emerging</u> (can do with support <i>or</i> when prompted)	<u>Almost mastered</u> (most of the time)	<u>Fully mastered</u> (always)
1. Jumps <i>forward</i> with both feet together				
2. Kicks a large ball				
3. Gets dressed with minimal help		With help		
4. Skips <i>or</i> Gallops				
5. manipulates two small objects at the same time (e.g.. stringing beads. Legos)				
6. Uses tools with increasing precision (e.g.. crayons. scissors. glue)				
7. Fastens buttons and zips zippers				
8. Ties shoes				

As we work together to ensure your child starts the kindergarten year off right, is there anything else you would like us to know? (e.g.. likes. dislikes. things they are good at. skills. fears. allergies. etc.)



Thank you! We are looking forward to a great year!

Getting Ready for Kindergarten



September 2013 - August 2014



POLK COUNTY

EARLY CHILDHOOD IOWA

A Calendar of Family Activities

LIVE UNII

**United
Way**

United Way of Central Io

HELP YOUR CHILD GET READY FOR KINDERGARTEN

This checklist is for children four- and five-years-old and should not be used with children three-years-old or younger. For information and tips on younger children please call Barb Bremner at 515-246-6531 or visit www.pceci.org

Children learn through everything they do. Most of the skills on this list are developed through everyday activities. *Playing with, reading to, and talking with your child are the primary ways you can help your child learn.*

Use this list to help your child prepare for kindergarten. Your child does not need to know all of these skills to go to kindergarten. If you have concerns about your child's development after going over this checklist, contact your local school district.

Ankeny: 289-8978
Johnston: 278-0552
Southeast Polk: 266-6795

Bondurant-Farrar: 967-7494
North Polk: 251-3400 ext. 2360
Urbandale: 457-5855

Des Moines: 242-7588
Saydel: 244-8173
West Des Moines: 633-5011

Child's Name _____

Physical Health and Development

- Runs, jumps, and hops. Throws, catches, and bounces a ball.
- Uses hands and eyes together to put together puzzles, cuts with scissors, and uses tape.
- Can do some of these things without help; use the bathroom, wash hands, get dressed, tie shoes, zip coat, and button shirt.
- Visits the doctor and dentist regularly. Vision, hearing, dental, and physical health are checked and treated if needed.

Social and Emotional Development

- Shares and takes turns. Works well with adults and children.
- Can adjust to new people and places without parents being there.
- Able to sit still and take turns talking and playing. Waits to be called on, does not interrupt.
- Respects and shows concern for others. Works and plays without bothering others and can change behavior when asked.

Language and Literacy: Communication Skills

- Understands and can follow short, two- or three-step directions, such as, "Get your shoes, get your coat, and go to the door."
- Speaks clearly and in complete sentences-so others can understand.
- Uses pencils, crayons, and paper. Can scribble and make letter-like shapes to express an idea.
- Holds and looks at a book correctly. Knows that words are what you read. Knows words have meaning.
- Listens to a story and remembers events and characters. Tells you the beginning, middle, and end of story.
- Recognizes rhymes and word play. Can say or sing simple poems, nursery rhymes, and songs.
- Can say or sing the alphabet.
- Recognizes first letter of own name. Recognizes other words that begin with that letter.
- Recognizes and names some letters of the alphabet and is beginning to

Approaches to Learning: Problem Solving Skills

- D Is excited about learning. Asks questions about the world around him or her.
- D Asks adults and friends questions.
- D Shows joy in finishing activities and can handle frustration.

This checklist has been developed by the Des Moines Public School District to help parents know what they can do to prepare their children for school. By the time of entering kindergarten, most children should be able to do most of the things on this checklist or be making real progress to getting there. Parents should use this checklist to determine if there are particular areas where their children might need additional attention. This calendar provides many ideas and tools for helping children learn in all these areas. There can be areas of learning and development where young children can benefit from additional or special help in gaining these school readiness skills, however, there are a variety of resources available in the community to help.

General Knowledge

- D Knows and says full name and knows if they are a boy or girl.
- D Recognizes colors and recognizes simple shapes, such as: triangle, square, circle, rectangle, oval, heart, diamond, etc.
- D Completes simple puzzles of four to six pieces.
- D Names things that go together, like a spoon and fork are for eating, a fish a boat go in the water.
- D Counts up to 20 and can count objects, such as bananas, up to at least five.
- D Recognizes and makes new patterns and designs, such as red-blue-red-I: or 2-1-1, 2-1-1, 2-1-1.
- D Shows ideas and feelings through play. Uses creative play like music, dance and drama to express him or herself.
- D Takes care of personal belongings and belongings of others, such as put toys away, returning borrowed items, and using toys with care.

Remember that play is an important part of learning. Your child learns best when he or she is spending time with you and doing activities that are interesting and fun! Practice these skills at home with your child!

February

Encourage your child to listen to and use language to express ideas

fake time each day to listen to and talk with your child.

- While traveling together
 - Turn off the radio or CD player in your car as you and your child are going places together.
 - Encourage your child to talk about where you are going and what might happen when you get there.
 - Invite your child to tell you something he or she enjoyed doing that day.
- At home together
 - Turn off the TV and spend some time talking with your child about things which interest him or her.
 - Talk with your child about some things each of you did that day.

Use pictures to encourage your child to express ideas.

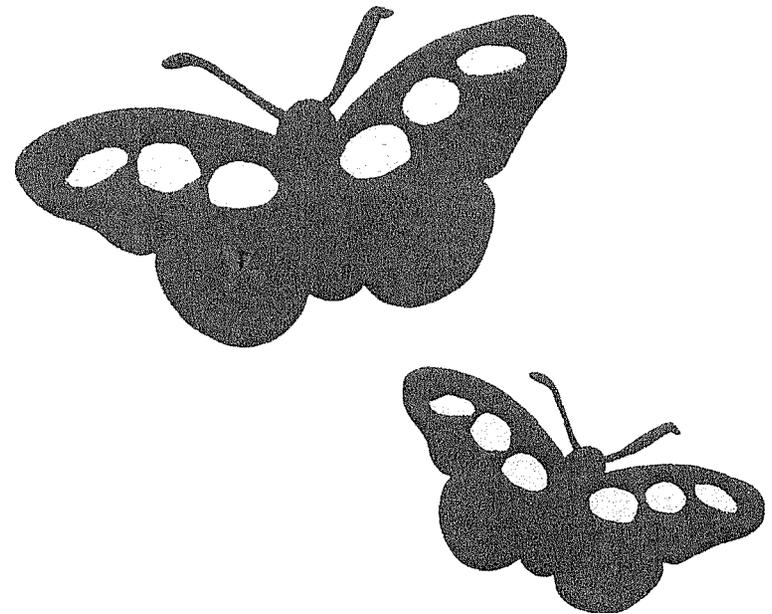
- Collect magazine pictures which show action: pictures of children playing together, a family in a car, or a team playing a sport, for example. Let your child look at the pictures one at a time. Ask your child to tell you what he or she thinks is happening in each picture.

Read or tell stories which have characters of different sizes.

- Read or tell the story *The Three Billy Goats Gruff*.
- Have your child show you the pictures of the little Billy Goat, the middle Billy Goat, and the big Billy Goat.
- Suggest that your child draw pictures of the three Billy Goats Gruff. Notice if he or she draws three sizes of goats.

Involve your child in activities which require listening and following directions.

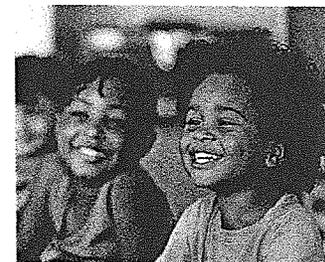
- Give your child directions that involve two steps. Here are some examples:
 - Take off your shoes and put them in the closet.
 - Pick up your plate and put it in the sink.
 - Hop to the door and open it.
- Give your child an object such as a small ball or a bean bag. Ask your child to do certain things with the object. Here are some examples:
 - Put the ball under your chin.
 - Put the ball up in the air and then down on the floor.
- Let your child tell you some things to do with the ball. Encourage him or her to use words such as under, over, behind, in front of, beside, on top of, etc.



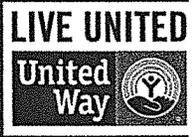
Key:



Infant/Toddler | | | | | Preschool — Movement —



10 THINGS YOUR CHILD NEEDS TO KNOW BEFORE KINDERGARTEN



DOES YOUR CHILD HAVE PATIENCE?

IF NOT, HERE ARE SOME WAYS TO HELP:

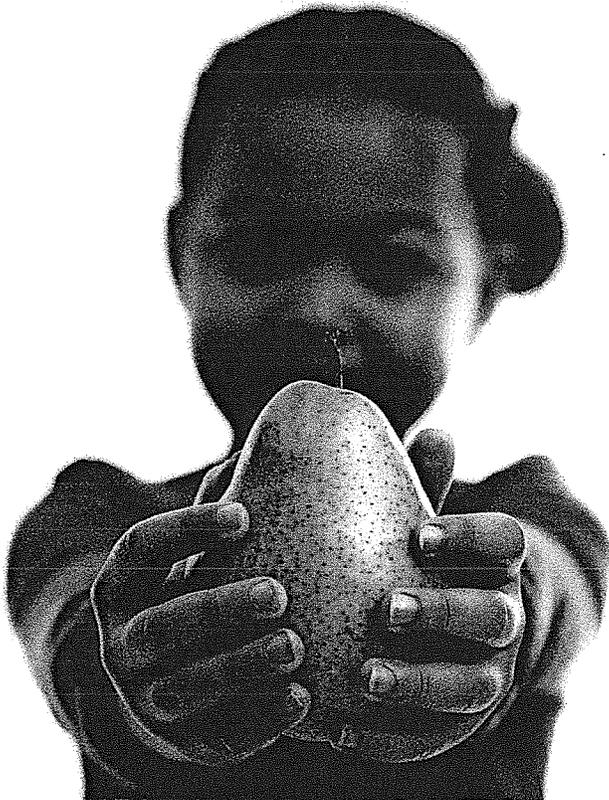
- Play freeze tag.
- Give a small treat to the child who can sit still the longest.
- Teach your child how to walk up to pets.



DOES YOUR CHILD SHARE WITH OTHERS?

IF NOT, HERE ARE SOME WAYS TO HELP:

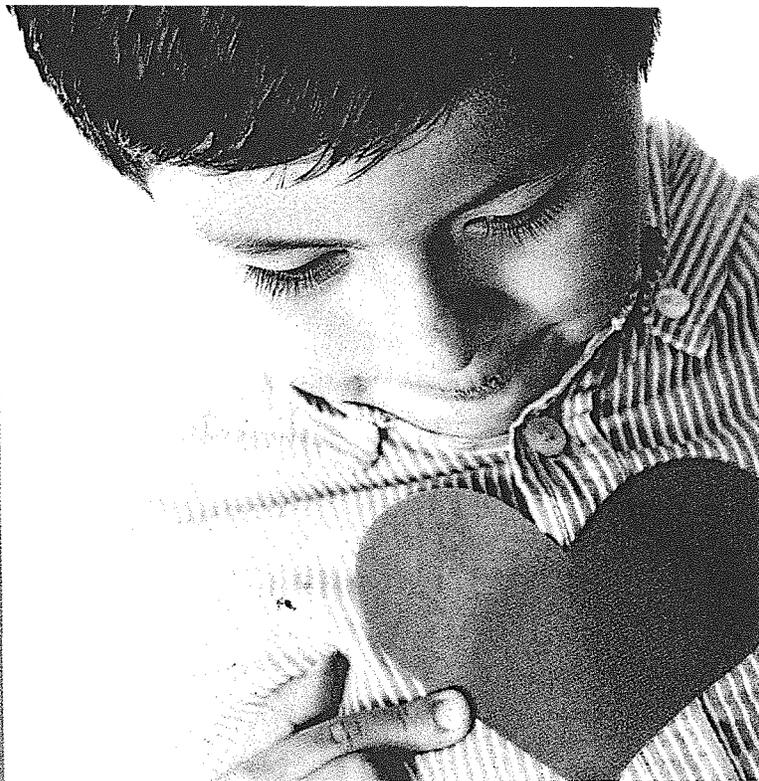
- Play board or card games.
- Get two different ice cream cones, and then ask to trade a bite for a bite.
- Color in a picture together using only two or three crayons.



CAN YOUR CHILD TALK ABOUT THOUGHTS AND FEELINGS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- When your child is upset, sit in a chair snuggling with him or her. Ask how he or she feels and listen to the answer.
- When watching TV together, ask questions like: "Why do you think the little girl is crying?"
- At bedtime, have your child list three things that happened that day that made him or her happy.



CAN YOUR CHILD GET DRESSED, PUT ON A COAT, USE THE BATHROOM, WITHOUT HELP?

IF NOT, HERE ARE SOME WAYS TO HELP:

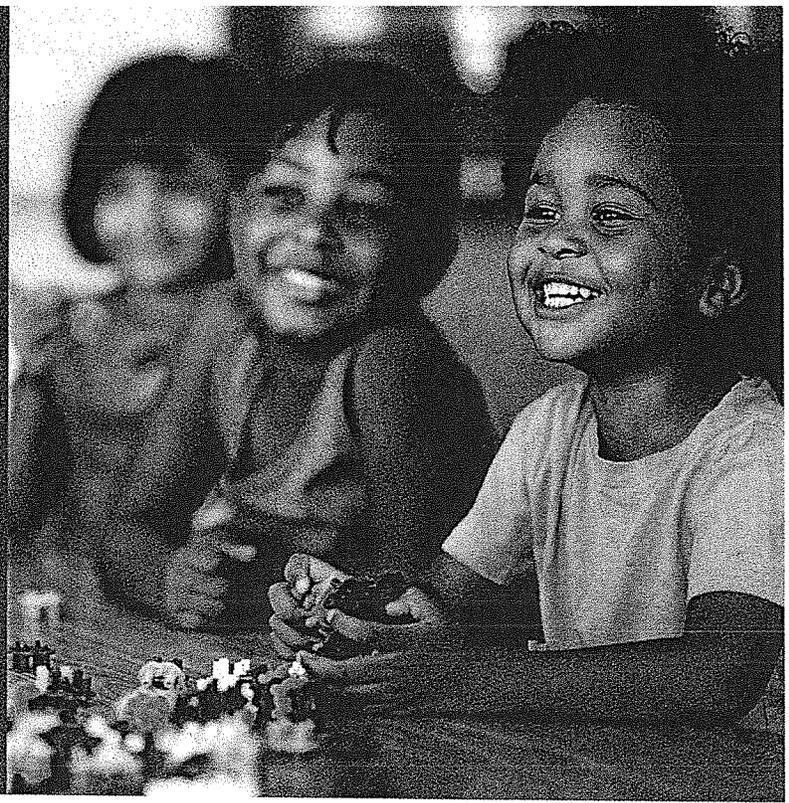
- Play dress-up together.
- Pull a zipper off an old pair of pants and have the children practice with it.
- Let your child get dressed and undressed by him or herself - as much as he or she can do without help.



DOES YOUR CHILD DO WELL IN NEW SITUATIONS?

IF NOT, THERE ARE ALL SORTS OF PLACES IN THE QUAD CITIES YOU CAN GO FOR FREE:

- Davenport Spray Park and Rock Island's Schweibert Park
- The gardens and duck pond at Vander Veer Botanical Park
- Farmers' markets
- Window-shopping at the mall
- Visit your local pet shop
- Try a different Quad Cities playground each week



CAN YOUR CHILD PLAY IN GROUPS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Have a three-legged race.
- Get two children to hold a towel between them and then get them to bounce a ball in the middle.
- Play pretend with your child. "Today, I am a lion. What are you?"

CAN YOUR CHILD HOLD A PENCIL AND USE SCISSORS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Get a pair of child's safety scissors.
- If they have trouble cutting paper at first, give them clay or Play Dough to cut.
- Color a picture together.
- Play Tic-Tac-Toe.



CAN YOUR CHILD SOLVE PROBLEMS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Play "I Spy" or "Hot and Cold."
- Give your child an empty cereal box and ask him or her to make it flat.
- Twist two pipe cleaners together in a knot and work with your child to untangle them.



DOES YOUR CHILD EXPLORE THE WORLD AND ASK QUESTIONS?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Ask questions yourself. "What color and shape is that sign?" "Why do cars have wheels?"
- Halfway through a book, ask your child what he or she thinks is going to happen next.
- When your child asks a question you don't know the answer to, look up the answer together.



DOES YOUR CHILD LIKE TO LISTEN TO STORIES?

IF NOT, HERE ARE SOME WAYS TO HELP:

- Sign your child up for Imagination Library. Call United Way at 563.344.0331 to get your child a free book a month until his or her fifth birthday.
- Read to your child. Every day, starting from birth.

