

## Kindergarten Readiness Survey

Dear Teachers,

In order to better serve our incoming Kindergarten children, we would ask that you complete this form for each child who will be attending St. Mary Magdalene School. Please mail the completed form to the admissions office at StMM. All responses will be confidential.

Name of child \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Pre-School: \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Has the child been recommended by you to go to Kindergarten? Yes / No

Does the child have separation anxiety? Yes /No

Does the child join in group activities? Yes / No

Can the child sit and listen for ten minutes? Yes / No

Can the child stay focused on an activity? Yes / No

Does the child have any gross motor problems? Yes / No

Does the child have any fine motor problems? Yes / No

Does the child take care of personal needs? Yes /No

Does the child lack verbal skills? Yes / No

Does the child settle disputes with words? Yes / No

Please add any additional information that will help us better understand this child:

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Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your time,

Robert A Cadran, Principal  
Maria Madsen, Kindergarten Teacher  
Elizabeth Wiegmann, Kindergarten Teacher