

Kindergarten Readiness Assessment

Dear Teachers,

Please complete this form for each child who will be attending kindergarten at StMM and return the completed form to the school's admissions office. All responses will be kept confidential.

Name of child: _____ Male ___ Female ___

Date of birth: _____ Name of Preschool: _____

Attended from: _____ to _____ Teacher name: _____

Has this 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:

Teacher Signature: _____ Date: _____