

Kindergarten Readiness Checklist

Student Name _____

Name of Teachers: _____

Name of Pre-School: _____

Date _____



The above named student is applying for admission to Hillside Academy, Kindergarten program. In order to provide the best learning experience possible for our students, it is helpful to know more about the student's social, emotional, physical, and intellectual growth. We appreciate your willingness to give this form your time and attention. Your comments will be held in the strictest confidence.

Please return the form to:

Hillside Academy
ATTN: Registrar
26423 NE Allen St
Duvall, WA 98019
(425) 844-8608

Emotional Maturity

	Consistently	Frequently	Developing	Not Yet
1. Separates from parents without difficulty				
2. Shows interest/ attention to classroom activities				
3. Makes eye contact with adults				
4. Makes activity choices without teachers help				
5. Allows behavior to be redirected				
6. Expresses anger/ frustration in words rather than actions				
7. Shares ideas, feelings, and stories with teachers				
8. Attends whole class, adult-directed activity for _____ minutes				
9. Participates in small group, adult-directed activity for _____ minutes				

Social Maturity

	Consistently	Frequently	Developing	Not Yet
1. Plays by him/ herself				
2. Plays parallel to others				
3. Plays cooperatively with a group				
4. Takes turns with toys or activities				
5. Shows concern for classmates				
6. Helps another do a task				
7. Adapts to change in routine				

Physical Maturity (Large/ Small Motor)

	Consistently	Frequently	Developing	Not Yet
1. Walks down steps with alternating feet				
2. Runs with control over speed and direction				
3. Climbs up and down equipment with ease				
4. Hops forward on 1 foot				
5. Claps hands in rhythm to a beat				
6. Shows hand preference (please mark left or right)				
7. Picks up and inserts objects with ease				
8. Uses drawing/ writing tools with control				
9. Uses scissors with control				

Intellectual Maturity

	Consistently	Frequently	Developing	Not Yet
1. Recognizes basic colors				
2. Recognizes basic shapes				
3. Sorts objects by different attributes				
4. Shows an interest in books				
5. Follows 2 or more directions				
6. Works independently				
7. Recalls words to songs and rhymes				
8. Uses age appropriate language				

1. Are you aware of any special education services this student has had or may need? (e.g. speech or language, physical, or learning disabilities, etc.).

2. Is English spoken in the home? Yes No

3. If behavior is an issue, what behavioral guidance have you found to be effective?

4. Do you recommend this child go to kindergarten? Yes No
If not, why not?

Have you discussed these concerns with the parents?

Teacher Signature _____

Date _____

Email _____

Thank you for taking the time to complete this form. May we contact you if we need additional clarification? Yes No