

## Butler Acres Kindergarten Questionnaire

Child's Full Legal Name: \_\_\_\_\_ (please attach a photo if you have one)

The name my child likes to be called: \_\_\_\_\_

1. The best way to contact my family is: Email: \_\_\_\_\_

Phone number #1: \_\_\_\_\_ belongs to \_\_\_\_\_

Phone number #2: \_\_\_\_\_ belongs to \_\_\_\_\_

2. Did your child attend preschool?  Yes  No If yes, please indicate where and when.

Name of Preschool	Hours per week	Year (s) attended

3. Does your child participate in other learning/support experiences?  Yes  No

Please check all that apply:

Library story time     Local parks programs     Church/Sunday School     Counseling

Gymnastics     Music classes     Play Group     Therapy (including OT/PT)

Other (please list): \_\_\_\_\_

4. List a few ideas to help support your child when they are frustrated, angry, or sad.

5. Are there any health or safety concerns regarding your child? (For example, are there certain foods and/or activities that your child should avoid because of allergies or other physical concerns? Does your child have a tendency to wander away from supervision?)

6. How does your child respond to new situations or challenges?

7. Give a recent example of a time when your child learned something new and how they learned it.

8. List what technology your child has access to and how much time they spend on it.

Technology	Time Spent Per Day

***(Other Side)***

## Butler Acres---Kindergarten Readiness Checklist

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please circle the word that corresponds with the student's ability level. Note that this is not a pass or fail checklist but provides critical information to the child's teacher.

<b>Social Skills</b>			
• Enjoys learning	Rarely Sometimes Always	Comments:	
• Demonstrates cooperation	Rarely Sometimes Always		
• Is able to wait for a turn	Rarely Sometimes Always		
• Initiates peer interaction	Rarely Sometimes Always		
• Is able to share belongings	Rarely Sometimes Always		
<b>Self-Help</b>			
• Takes care of personal belongings	Rarely Sometimes Always	Comments:	
• Tries to solve problems independently	Rarely Sometimes Always		
• Takes care of own toileting needs	Rarely Sometimes Always		
<b>Oral Communication</b>			
• Uses language to express thoughts and needs	Rarely Sometimes Always	Comments:	
• Uses appropriate developmental talk/language	Rarely Sometimes Always		
<b>Memory/Attention Span/Listening</b>			
• Can name self, people in home, and common objects	Rarely Sometimes Always	Comments:	
• Can focus for 10 minutes on a single activity	Rarely Sometimes Always		
<b>Gross Motor Skills</b>			
• Can walk safely keeping hands and feet to self	Rarely Sometimes Always	Comments:	
• Can jump, run, hop, and catch a ball	Rarely Sometimes Always		
• Can keep a rhythm	Rarely Sometimes Always		
<b>Fine Motor Skills</b>			
• Uses a natural finger grip on writing/coloring tools	Rarely Sometimes Always	Comments:	
• Can draw lines and shapes	Rarely Sometimes Always		
• Can cut paper with scissors	Rarely Sometimes Always		
• Can zip/snap own clothing	Rarely Sometimes Always		
• Can tie own shoes	Rarely Sometimes Always		
<b>Academic Skills</b>			
• Able to count up to 20 objects	Rarely Sometimes Always	Comments:	
• Able to recite the alphabet	Rarely Sometimes Always		
• Able to identify the letters in child's own name	Rarely Sometimes Always		
• Works puzzles with up to 10 pieces	Rarely Sometimes Always		
• Child can write own name	Rarely Sometimes Always		
• Can identify basic shapes and colors	Rarely Sometimes Always		
• Listens attentively and responds to story telling	Rarely Sometimes Always		