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Kindergarten Readiness Questionnaire (To be completed by parent/guardian)

Child's Name: _____
Birthdate: _____
Mother's Name: _____
Father's Name: _____
E-mail Address: _____

What's your child's birth order in the family? (Check only one)
Oldest ____ Youngest ____ Middle ____ Only Child ____

If there are younger siblings in the family, how old are they?

Which of the following best describes your child's experience prior to kindergarten?
(Check all that apply)

No school experience _____ Head Start program _____
Daycare (no formal curriculum) _____ Playschool (no curriculum) _____
Preschool (with curriculum) _____ Other _____

Which of the following self-help skills can your child complete independently?
(Check all that apply)

Toileting _____ Fastening clothing _____
Tying Shoes _____ Opening snack _____

Comments:

Please check all that apply.

Can count independently to: (circle highest number)	5	10	15	20	_____
Recognizes numbers to: (circle highest number)	5	10	15	20	_____
Recognizes first name	Yes	Sometimes	Not Yet		
Orally identifies letters in name	Yes	Sometimes	Not Yet		
Can write his/her first name	Yes	Sometimes	Not Yet		
Recognizes letters of the alphabet (a-z)	Yes	Sometimes	Not Yet		
Understands lower and upper case letters	Yes	Sometimes	Not Yet		
Identifies basic colours (red, blue, green, yellow)	Yes	Sometimes	Not Yet		
Identifies basic shapes (square, circle, triangle, rectangle)	Yes	Sometimes	Not Yet		
Can catch a medium sized ball	Yes	Sometimes	Not Yet		
Can hop on one foot	Yes	Sometimes	Not Yet		
Can hold and use scissors properly	Yes	Sometimes	Not Yet		

Has an appropriate pencil grip (tri grip)	Yes	Sometimes	Not Yet
Washes hands with soap and water and dries them off	Yes	Sometimes	Not Yet
Dresses and undresses self	Yes	Sometimes	Not Yet
Speaks in full sentences	Yes	Sometimes	Not Yet
Does your child make friends easily?	Yes	Sometimes	Not Yet
Can your child hold a conversation with other children?	Yes	Sometimes	Not Yet
Does your child prefer to play alone?	Yes	Sometimes	No
Does your child display good manners?	Yes	Sometimes	No
Does your child have trouble controlling his/her temper?	Yes	Sometimes	No
Is your child comfortable leaving parents?	Yes	Sometimes	No

Please indicate your child's interests and activities s/he is involved in:

Your child's strengths:

Please indicate how "ready" you feel your child is for the regular kindergarten program.
Not Ready Not Certain Very Ready

What language(s) is/are spoken at home? _____

What language(s) is/are spoken by the child? _____

What language(s) is /are spoken by the parents? _____

Do you have access to a translator? (friend or relative) YES NO

Name of friend or relative that can translate for you. _____

Do you have concerns regarding your child that may require support in the following areas?
(Check all applicable)

Speech	_____	Counseling	_____
Occupational Therapy	_____	Reading	_____
Physical Therapy	_____	Math	_____
Language	_____	Other	_____
Hearing	_____		

Other Comments: _____
