



Pennsylvania Migrant Education Program

**Preschool/Kindergarten Readiness
Checklist for Parents**

Dear Parents:

As your child fast approaches school age, you may be wondering if he or she has developed the skills necessary to be successful in this new and challenging part of their childhood. In order to help your child with the transition, the Pennsylvania Migrant Education Program has provided you with the following list of behaviors that school districts and preschool programs across the state consistently look for to understand a child’s readiness for the school experience. Working with your child at home will help ensure a smooth and enjoyable transition into school. Please keep in mind: any child who meets the locally determined kindergarten age requirement is eligible to attend kindergarten. This resource should never be used to exclude an age-eligible child from kindergarten.

Yes Not Yet Skill Area-Social and Emotional Readiness

- ___ ___ 1. Does your child respond to being separated from mom and dad? **1.** Separates easily and happily, **2.** May act shy or cries only briefly, **3.** Separates with difficulty (cries, refuses to go, or tantrum) **If 1. Check Yes. If 2 or 3 check Not Yet**
- ___ ___ 2. Does your child use words to express his/her emotions instead of being physical? Ex: What does he/she do when angry, sad, frightened, or happy, etc?
- ___ ___ 3. Does your child have success in taking turns and sharing?
- ___ ___ 4. Does your child follow through when given two-step directions?
- ___ ___ 5. Does your child listen and respond to a story or an activity taking 15 to 20 minutes?
- ___ ___ 6. Does your child have an understanding of rules and consequences?

Skill Area-Health and Safety Help

- ___ ___ 1. Does your child know his/ her full name?
- ___ ___ 2. Does your child use the bathroom (including knowing when he/she needs to use the bathroom) and wash own hands independently?
- ___ ___ 3. Can your child eat and drink independently using the proper utensils? (Fork, spoon, napkin)
- ___ ___ 4. Does your child have a set bedtime routine that includes time, putting on own sleep ware, and brushing teeth?
- ___ ___ 5. Can your child take outer clothing (coat, boots, hat, mittens) off and on by his/herself? (including zipping, buttoning, and tying).

Skill Area-Mathematical Thinking and Expression

- ___ ___ 1. Can your child count from 1 to at least 20?
- ___ ___ 2. Does your child recognize numbers 1 to 10?
- ___ ___ 3. Can your child identify at least 4 shapes (Ex: Square, circle, triangle, rectangle)
- ___ ___ 4. Can your child replicate/draw at least 4 shapes (Ex: Square, circle, triangle, rectangle)
- ___ ___ 5. Can child sort, compare, classify at least 10 objects by attributes such as size, quantity, shape, or color?

Skill-Area Language

- ___ ___ 1. Does your child speak in simple sentences?
- ___ ___ 2. Does your child answer questions?
- ___ ___ 3. Does your child share experiences when asked?
- ___ ___ 4. Does your child recite rhymes, songs, and familiar text?
- ___ ___ 5. Does your child speak clearly and in sentences so an adult can understand him/her?

Skill-Area Reading

- ___ ___ 1. Does your child recognize the letters in his/her name?
- ___ ___ 2. Does your child associate some letters with their names and sounds?
- ___ ___ 3. Can your child differentiate letters from numbers?
- ___ ___ 4. Can your child describe pictures in books using detail?
- ___ ___ 5. Does your child connect story events with personal experiences?

Skill Area-Writing

- ___ ___ 1. Does your child experiment with a variety of writing tools and surfaces? (Ex: crayons, pencils, markers)
- ___ ___ 2. Can your child print name using letter-like forms or conventional print? (At least first name)
- ___ ___ 3. Does your child share information through pictures and dictated words?
Ex: Create a picture about a topic and tells about their drawing. (Write the child's words on the picture.)
- ___ ___ 4. Can your child create an illustration and write about it? Ex. Draw a picture and write symbols or words that tell about it. (Kid Writing)

Skill Area-Physical Development

- ___ ___ 1. Does/Can your child use writing and drawing implements with correct, functional grip?
- ___ ___ 2. Does/Can your child demonstrate coordination of body movements in active/gross motor play (run, jump, climb)?

- ___ ___ 3. Does/Can your child use scissors with control and intention?
- ___ ___ 4. Does/Can your child identify and locate body parts?
- ___ ___ 5. Does/Can your child coordinate eye and hand movements to perform a task (string beads, work puzzles, zip/button)?
- _____ 6. Is your child able to walk up and down stairs independently?

Student Support Signature_____

Date_____

Parent Signature_____

Date_____