## Pre-K / Kindergarten Preparation Inventory Caretakers - 1/2

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 if a child can obtain the necessary school skills 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 | # | Social and Emotional Development                                 | Example of Yes   |
|-----|---------|---|--|--|
|     |         | 1 | Does your child respond to being separated from mom and dad?     | Child separates easily and happily.  |
|     |         | 2 | Does your child know the name of each member living in the home? | Child identifies all members by name and tells something they know about each member.          |
|     |         | 3 | Does your child solve simple conflicts on their own?             | Child resolves conflicts alone, while thinking about the needs and desires of self and others. |
|     |         | 4 | Does your child have an understanding of rules and consequences? | Child knows and follow the rules and can explain the reason for having these rules.            |

| Yes | Not Yet | # | Language and Literacy Development  | Example of Yes  |
|-----|---------|---|--|---|
|     |         | 1 | Does your child know his/her full name and age?                          | Child states their full name and shows fingers for their age.         |
|     |         | 2 | Can your child differentiate letters from numbers?                       | Child recognizes and names some letters and some numbers.             |
|     |         | 3 | Can your child point to the front cover, back cover and title of a book? | Child can point to all three items.                                   |
|     |         | 4 | Can your child retell the correct sequence of a story?                   | Child can tell stories about pictures or events in the correct order. |
|     |         | 5 | Can your child print name using letter-like forms or conventional print? | Child can write their own first name, with most letters correct.      |
|     |         | 6 | Does your child follow through when given two-<br>step directions?       | Child responds to directions and understands the intent.              |
|     |         | 7 | Does your child share experiences when asked?                            | Child talks about personal thoughts, feelings and ideas.              |
|     |         | 8 | Does your child speak in complete sentences?                             | Child can communicate in English with complete sentences.             |

| Yes | Not Yet | # | <b>Mathematical Thinking and Expression</b>   | Example of Yes   |
|-----|---------|---|---|--|
|     |         | 1 | Can your child count from 1 to at least 20?   | Child counts from 1 to 20.   |
|     |         | 2 | Can your child identify at least 4 shapes (Ex: Square, circle, triangle, rectangle)                             | Child points and names 4 shapes.   |
|     |         | 3 | Can your child describe the position of everyday objects?   | Child uses position words (on, behind, under, next, in front, etc.) or order words (first, last, etc.) to describe an object's position. |
|     |         | 4 | Can your child sort, compare, classify at least 5 objects by attributes such as size, quantity, shape or color? | Child sorts objects using one attribute. Child separated animal toys from cars.  |

## **Pre-K / Kindergarten Preparation Inventory Caretakers - 2/2**

| Yes | Not Yet | # | Approaches to Learning through Play   | Example of Yes  |
|-----|---------|---|---|---|
|     |         | 1 | Does your child enjoy new topics, ideas and tasks?  | Child asks questions to understand something new. Child wants to learn new experiences. |
|     |         | 2 | Does your child listen and respond to a story or an activity taking more than 15 minutes? | Child can stick to a task even when the task becomes challenging.                       |
|     |         | 3 | Does your child use her/his imagination and creativity to play with objects?              | Child can play using different objects by giving it action and motion.                  |
|     |         | 4 | Can your child problem solve independently?   | Child attempts to solve problems in more than one way.                                  |

| Yes | Not Yet | # | Health, Wellness, and Physical Development   | Example of Yes  |
|-----|---------|---|--|---|
|     |         | 1 | Can your child identify and locate body parts?   | Child can point and name several body parts without any help.   |
|     |         | 2 | Can your child practice basic routines independently?  | Child is toilet trained Child can wash hands, Child gets dressed, Child brushes teeth, Child has a bedtime routine. |
|     |         | 3 | Can your child eat and drink independently using the proper utensils?  | Child uses fork, spoon, knife, napkin, plate, bowl and cup appropriately.   |
|     |         | 4 | Does/Can your child demonstrate coordination of body movements in active/gross motor play?   | Child is able to walk up and down stairs. Child is able to run and kick a ball.                                     |
|     |         | 5 | Can your child take outer clothing (coat, boots, hat, mittens) off and on by his/herself? (including zipping, buttoning, and tying). | Child can dress and undress themselves; socks, shoes, pants, t shirt, jacket, gloves and hat.                       |
|     |         | 6 | Does/Can your child use scissors with control and intention?   | Child cuts straight and curved lines.   |
|     |         | 7 | Does/Can your child write and draw with a functional grip.   | Child uses five, four or three fingers to grasp their writing tool.   |

| My child has # | of YES. |
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