

# Kindergarten Development Questionnaire

Welcome to Meadow Glade Adventist Elementary School! We are looking forward to having your child as a kindergarten student for the 2017-2018 school year. In order to evaluate the developmental level your child is at so we can better assist them in the learning process, please complete the following checklist.

**Parent Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Male**  **Female**

**Student Age (Years and Months):** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Did your child attend preschool? If so, please provide the name of preschool, phone number, and dates of attendance: \_\_\_\_\_

**Directions:** For the questions below, please mark

**Yes** if your child frequently and accurately completes the specific task.

**Not Yet (No)** if your child occasionally or never has completed the specific task.

## Concept Development

*Does your child...*

	Yes	Not Yet (No)
1. Recognize and/or name colors?		
2. Draw a self-portrait with a head, body, arms, and legs?		
3. Draw recognizable pictures?		
4. Demonstrate curiosity, persistence, and exploratory behavior?		

## Physical Development

*Does your child...*

	Yes	Not Yet (No)
5. Cut with scissors?		
6. Try to tie their shoes?		
7. Hold a crayon or pencil?		
8. Show difficulty doing things with their hands?		

## Writing

*Does your child...*

	Yes	Not Yet (No)
9. Try to write, scribble, or draw with a pencil?		
10. Print his/her first name?		
11. Attempt to invent his/her own spelling while writing?		
12. Color within the lines in a coloring book?		

## Social & Emotional Development

*Does your child...*

	Yes	Not Yet (No)
13. Use words to solve problems when angry or frustrated?		
14. Use words such as please, thank you, and excuse me?		
15. Do things for him/herself? (dress self: zip, button, snap clothing, take care of own toileting needs)		
16. Control his/her emotions and express them in socially appropriate ways?		
17. Join in and focus attention in a group activity for 10-15 minutes at a time?		
18. Follow parent directions the first time given?		
19. Follow through when given directions?		
20. Comply with rules, limits, and routines?		
21. Interact appropriately with adults?		
22. Respect the rights, property, and feelings of others?		
23. Take responsibility for personal belongings (i.e. hang up coat, put clothes and toys away, etc.)		
24. Have success with taking turns and sharing?		
25. Give directions to other children?		
26. Tattle or tell on other children excessively?		
27. Verbally respond to a question asked by an adult other than a parent?		

## Behavior

*Does your child...*

	Yes	Not Yet (No)
28. Act immature (much younger than their age)?		
29. Act dependent and clingy (cry when separated from caregiver)?		
30. Act disobedient (does not mind well)?		
31. Frequently act angry or aggressive?		
32. Act very active (may be hyperactive)?		
33. Have positive interactions with other children?		
34. Act emotional?		

## Number Concepts

*Does your child...*

	Yes	Not Yet (No)
35. Correctly count 4-10 objects?		
36. Count to 10 orally?		
37. Recognize numbers 0-5?		
38. Know how many fingers there are on each hand?		
39. Understand the concepts of: in, out, on, off, front, & back?		

## Language

*Does your child...*

	Yes	Not Yet (NO)
40. Talk in sentences using at least one pronoun (he, she, you, me, it)?		
41. Follow through when given 1-2 directions?		
42. Seem slow to catch on (does not seem to understand well)?		
43. Have speech that is difficult to understand?		
44. Pretend, create, and make up songs or stories?		
45. Express his/her ideas so that others can understand?		
46. Have trouble expressing his/her ideas (frequently gets mixed up)?		
47. Tell or retell simple, familiar stories?		
48. Say their own name when asked, "What is your name?"		
49. Tell what action is going on in pictures (i.e. "Kitty is eating.")?		

## Reading

*Does your child...*

	Yes	Not Yet (No)
50. Recognize his/her first name in print?		
51. Look at books or pictures on his/her own?		
52. Pretend to read book by "reading" the pictures?		
53. Ask to be read to, and like to sit and listen to a story?		
54. Read simple books to you (not from memory)?		

**Does your child have any special learning or health concerns, including allergies that we should be aware of?**

**Are there any other things you want us to know about your child?**

**Please return this questionnaire to the office or the Kindergarten teacher  
BEFORE school starts.**