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# Kindergarten Survey

Child's Name: \_\_\_\_\_ M F

Current Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## My child recognizes:

Capital Letters:        None    Few    Many    All

Lower Case Letters:    None    Few    Many    All

Numerals to 31:        None    Few    Many    All

## Can your child...

Read books independently?    Yes    No    Some Words

Write their own name?        Yes    No

Put on & zip their coat?       Yes    No

Sit and Listen to a story?    Yes    No

Follow simple directions?    Yes    No

## Preschool Experience:

No

Yes \_\_\_#years    \_\_\_#days per week    \_\_\_#hrs per day