



**Department of Student Services and Special Education
Fairfax County Public Schools
Fairfax, Virginia**

KINDERGARTEN CHECKLIST—PARENT

Child's Name _____ Date _____

Parent(s) Completing Form _____

Parents can provide valuable information about their child to assist the school in planning the most appropriate educational program for the child. Through information sharing, parents and educators can cooperatively be more effective as partners in helping children succeed at learning experiences.

DIRECTIONS: Please read each item and check the column on the right that best applies to your child at this time. Because our kindergarten program is intended to meet the diverse needs of a wide range of children, some of the skills listed go beyond kindergarten requirements.

	Yes	Sometimes	Not Yet		Yes	Sometimes	Not Yet
Does your child				Does your child			
1. tell his or her first and last name?				26. try to stay within the lines when coloring a picture?			
2. tell his or her age?				27. use scissors to cut paper?			
3. tell his or her telephone number?				28. assemble puzzles of six to twelve pieces?			
4. express his or her needs and feelings?				29. get frustrated if work is not perfect?			
5. have speech that is understandable?				30. dress himself or herself?			
6. speak in sentences of four or more words?				31. totally care for toileting?			
7. listen and understand stories read to him or her?				32. usually share materials and take turns?			
8. retell stories and nursery rhymes, in sequence?				33. usually work and play cooperatively with peers?			
9. follow a series of verbal directions?				34. participate in group activities as a leader or participant?			
10. carry on "conversations" with older children and adults?				35. usually accept limits set by an adult?			
11. recognize (by naming) five colors?				36. usually continue an activity independently?			
12. count by rote to ten?				37. concentrate on a task for a long period of time?			
13. recognize numbers to five?				38. usually attempt to solve some problems before seeking help?			
14. understand number concepts to five?				39. think of a large number of unusual solutions to problems?			
15. recognize some lower case letters?				40. examine how things work by taking things apart for analysis?			
16. recognize some upper case letters?				41. take pride in his or her accomplishments?			
17. enjoy reading on his or her own?				42. display unusual talent in music, rhythms, or body movements related to music?			
18. use a large vocabulary and seek the meaning of new words?				43. relate feelings about people and events dramatically and enjoy play-acting?			
19. recognize his or her name in print?				44. display a keen sense of humor?			
20. copy a circle, square, and plus sign?				45. show a vivid imagination?			
21. write his or her first name?				46. usually have a happy disposition?			
22. follow a pattern of working left to right and top to bottom when appropriate?				47. have generally good health? *			
23. use a preferred hand?				48. have any problems or needs the school should be aware of? *			
24. draw pictures that are recognizable?							
25. draw frequently, showing a variety of subjects?							

*Please include on the back of this form any information about your child that you feel would be helpful to us.