



Carlisle Christian Academy uses entrance testing to determine Kindergarten readiness. This form is provided by CCA in an attempt to help parents to make an informed placement decision for their kindergartener and to help in preparation for the testing.

Parent Checklist for Kindergarten

Child's Name _____

Child's Age _____

Date _____

Parent's Name _____

Purpose: We recognize that parents can provide valuable information that can be helpful in planning a better program for their child. You can supply this information by responding to the items listed below.

Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Personal/Speech

Can your child tell others his/her

	No	Uncertain	Yes
1. first and last name?			
2. age?			
3. address (street or mailing)?			
4. birth date (month and day)?			
5. telephone number (if applicable)?			

Beginning Academic Skills

Does your child

	No	Uncertain	Yes
6. recognize (by naming) five colors?			
7. count by rote to ten?			
8. count by rote to twenty?			
9. count by rote to thirty?			
10. match quantities with numerals 2 through 4?			
11. match quantities with numerals 5 through 8?			
12. join groups of objects to six?			
13. join groups of objects to ten?			
14. recognize most (twenty or more) lowercase letters?			
15. recognize most (twenty or more) uppercase letters?			
16. comprehend stories read to him/her?			

Visual and Fine-Motor Skills

Does your child

	No	Uncertain	Yes
17. recognize his/her name in print?			
18. copy an X and a square?			
19. copy a rectangle and a triangle?			
20. copy a diamond?			
21. print his/her first name?			
22. print his/her last name?			
23. draw pictures that are recognizable?			
24. draw a picture of a person that includes five body parts such as head, legs, ears, arms, and trunk?			
25. draw a picture of a person that includes ten body parts such as eyes, nose, neck, hands, and mouth?			
26. successfully complete arts and crafts projects appropriate for age?			

General Knowledge and Comprehension

Does your child

	No	Uncertain	Yes
27. identify by naming body parts such as those listed below? (if known, please circle.) 1 heels 2 ankles 3 jaw 4 shoulders 5 elbow 6 hips 7 wrists 8 waist			

Dominance/Laterality

Does your child consistently

	No	Uncertain	Yes
28. discriminate between his/her right hand and left hand?			
29. follow the pattern of working left to right and top to bottom when appropriate?			

Self-help Skills

Does your child

	No	Uncertain	Yes
30. dress himself/herself?			
31. totally care for toileting needs?			
32. tie his/her shoes?			
33. know which shoe goes on which foot?			

Social Skills

Does your child

	No	Uncertain	Yes
34. greet others in an appropriate manner?			
35. usually share and take turns willingly?			
36. willingly and cooperatively participate in a small-group activity or game?			
37. show concern for using materials and equipment safely and appropriately?			

Emotional/Self-Reliance

Does your child

	No	Uncertain	Yes
38. willingly engage in a new activity?			
39. usually make an effort to solve problems before seeking help from others?			
40. usually continue a task until completed or until it is time to stop?			
41. usually reflect a happy disposition?			

Speech

Does your child

	No	Uncertain	Yes
42. express needs and requests verbally rather than by inappropriate means?			
43. have speech that is understandable?			
44. speak in complete sentences of at least five words?			

Health/Physical

Does your child

	No	Uncertain	Yes
45. stand on one foot and other foot ten seconds?			
46. stand on one foot and other foot momentarily (one second) with eyes closed?			
47. walk backward toe-to-heel four steps?			
*48. appear to have good physical health and stamina?			
*49. appear to be free of physical/mental conditions or problems that might cause a need for special services?			

* Please use the back of this form to list and explain any additional information regarding your child that the teacher or other personnel should be aware of (allergies, medications, significant developmental history, etc.).