Kindergarten Skills Checklist – A Common Tool for Program Administrators

This common tool was developed collaboratively between the early childhood and school communities in Stark County, Ohio. The form is completed by the early childhood staff for all children entering kindergarten and forwarded to the local receiving school district.
TRANSITION SKILLS SUMMARY

Student: ___________________________ Name used by Child: ___________________________

Date of Birth: ________  Sex: M / F  Early Childhood Service Provider: _______________________

Parents: __________________________ Program Director/Title: ___________________________

Address: __________________________________________________________________________

Phone: __________________________ Person filling out this form /Title: _______________________

Family Structure: _____________________________________________________________
   (single parent, foster, etc.)

Any Suspected Disabilities? __________________________  Date Form Filled Out: _____________

Special Education Services: Yes / No  Name of Curriculum Used: _______________________

Existing Medical Conditions/Allergies: Yes / No

Please List: __________________________  Assessments Used: ___________________________

Consent for Release of Information:

I give permission for __________________________ to share all information pertinent to the education
   (Early Childhood Service Provider) and safety of my child, __________________________ with __________________________
   (Child’s Name)  (School District)

__________________________  (Parent/Guardian Signature)  __________________________
   (School District of Residence)

__________________________  (Parent/Guardian Printed Name)_________________________
   (Elementary School)

__________________________  (Date)  Right Handed / Left Handed (please circle)

Sample of Name Written by Child:

Attendance Data:

Enrolled in program from ______/______ to ______/______  Attends regularly (please circle): Yes / No
   Mo. Yr.  Mo. Yr.  School District

Comments: __________________________________________________________

Copies: School District, Early Childhood Service Provider, Parent

(Date)

Please see reverse side for additional information
Student: ____________________________

KEY: M = Most of the Time    D = Developing the Skill    N = Not at this Time

CLASSROOM SETTING
______ Works/plays independently for short periods
______ Follows classroom rules
______ Follows classroom daily routine
______ Attends for 5-10 minutes in a group setting
______ Uses restroom independently
    Makes transition:
    • from home to school
    • throughout the building
    • within the classroom
    • when there are changes in the daily routine

SOCIAL
______ Cooperates with others during play
______ Works with others
______ Adjusts to changes in routine
______ Trusts adults: Yes / No
    Demonstrates cooperative behavior:
    • turn taking (with children/with adults)
    • helping others
    • sharing
    Demonstrates self-control:
    • waiting for a turn
    • keeping hands to self

COMMUNICATION
______ Responds when name is called
______ Communicates wants and needs
______ Uses intelligible speech
______ Verbally expresses feelings/emotions appropriately
______ Answers simple questions about a story
______ Follows simple directions
______ Recites first and last name when asked

PRE-ACADEMIC
______ Identifies colors: Red Blue Green Yellow Orange Black Brown Purple (circle known colors)
______ Identifies shapes: Circle Square Triangle Rectangle (circle known shapes)
______ Identifies and describes a picture
______ Recognizes first name in print
______ Recognizes letters in first name
______ Prints first name (sample on front)
______ Identifies words that begin with the same sound
______ Identifies words that rhyme
______ Sings simple songs/repeats rhymes
______ Identifies and names numerals 0-9
______ Counts using 1:1 correspondence to at least 5

MOTOR DEVELOPMENT
Gross Motor:
______ Demonstrates ability to: hop jump climb balance (circle skills accomplished)
______ Demonstrates spatial awareness, position of body in space

Fine Motor:
______ Works appropriately with scissors
______ Works appropriately with crayons, markers, pencils
______ Works appropriately with puzzles, Legos, other manipulatives
______ Demonstrates awareness of spatial relationships
______ Manages clothing independently

PLEASE PRINT ALL INFORMATION
Comments: (Is there any information specific to this child that would assist the Kindergarten teacher? Include information about successful teaching strategies, child's strengths, child's needs, etc.)