

PRESCHOOLS: PLEASE MAIL THIS FORM DIRECTLY TO THE RESIDENT ELEMENTARY SCHOOL LISTED BELOW.

Developmental Readiness Survey

Student Name: _____ **Preschool Currently Attending:** _____

Resident Elementary School: _____

This form is intended for those students who have previously attended preschool. If there is a Preschool Assessment Form, feel free to attach it to this survey.

We respect the individual development of each child and this information will help us support them in their transitional kind.

Please circle number according to development:

Social/Emotional Skills

- Understands the concept of sharing/taking turns
- Complies with rules, limits, and routines
- Engages interactive play
- Demonstrates listening skills/following directions

Cognitive Academic Development

- Recognizes their name
- Participates in art and music
- Counts to 10
- Shows interest in sounds and letters
- Sits for a story

Motor

- Ability to hop, skip, jump
- Cuts with scissors
- Holds a crayon, marker, or pencil
- Bounces a ball

Emergent	Developing	Highly Developed
Social/Emotional		
1	2	3
1	2	3
1	2	3
1	2	3
Cognitive		
1	2	3
1	2	3
1	2	3
1	2	3
Motor		
1	2	3
1	2	3
1	2	3
1	2	3

Preschool recommendation for student: Ready for Kindergarten_____ *Ready for Transitional Kindergarten_____

Not ready for Kindergarten_____ *Not Ready for Transitional Kindergarten_____

*If TK age-eligible: turning 4 on or before September 1

Please write any addition comments on the back of this page.

Preschool Teacher Signature: _____

Date: _____