## Downers Grove Grade School District 58 Informational Sheet for Children Entering Kindergarten

| Name of Child   |      |
|---|------|
| First   | Last |
| Preferred Name (Nickname) at School   |      |
| Parents or Guardian(s)  |      |
| Names/Ages of Siblings  |      |
| Did your child participate in District 58 Preschool Screen Program? Yes_<br>No  |      |
| Did your child attend preschool? Yes No<br>Where?   |      |
| Dates attended  |      |
| How does your child share in family responsibilities? Ex  |      |
| At what time does your child usually go to bed?   |      |
| Has there been anything unusual in the home conditions or the family situa<br>as: divorce, deaths, unusual illnesses, frequent moves, etc.? |      |
| What is your child's attitude toward starting school this year?   |      |
| Any other pertinent information that we need to know?   |      |
|   |      |

Children develop at different paces. This is a guide to help us prepare for your child's kindergarten experience. We ask that you look at the listed descriptors and circle the level that your child is at. It is okay if they have not yet mastered the skill.

## 1=mastered 2=developing 3=not introduced

| Initiate Conversation in Play (i.e. ask a friend to play) | 1 | 2 | 3 |
|---|---|---|---|
| Can ask and answer questions                              | 1 | 2 | 3 |
| Can say full name   | 1 | 2 | 3 |
| Able to finger point to pictures, letters and words       | 1 | 2 | 3 |
| Can use picture in books to tell a story                  | 1 | 2 | 3 |
| Can recognize the alphabet letters in random order        | 1 | 2 | 3 |
| Is able to recognize letter sounds                        | 1 | 2 | 3 |
| Can recognize first name in print                         | 1 | 2 | 3 |
| Can write first name using upper and lowercase letter     | 1 | 2 | 3 |
| Knows and recites phone number                            | 1 | 2 | 3 |
| Knows and recites address                                 | 1 | 2 | 3 |
| Knows and recites birthday                                | 1 | 2 | 3 |
| Can sorts items by color, shape and size                  | 1 | 2 | 3 |
| Can recognize colors.                                     | 1 | 2 | 3 |
| Can count to 20 and count objects                         | 1 | 2 | 3 |
| Can recognize 0-10 in random order                        | 1 | 2 | 3 |
| Can recognize patterns                                    | 1 | 2 | 3 |
| Knows how to blow nose                                    | 1 | 2 | 3 |
| Covers coughs and sneezes                                 | 1 | 2 | 3 |
| Manage bathroom needs and wash hands independently        | 1 | 2 | 3 |
| Can manage dressing themselves (button and zipping)       | 1 | 2 | 3 |
| Can put on, fasten and tie shoes                          | 1 | 2 | 3 |
| Able to put a puzzle together                             | 1 | 2 | 3 |
| Able to use scissors, pencils, crayons or markers         | 1 | 2 | 3 |
| Can interact/play/share with others                       | 1 | 2 | 3 |
| Can wait and take turns                                   | 1 | 2 | 3 |
| Can make independent choices                              | 1 | 2 | 3 |
| Uses please and thank you                                 | 1 | 2 | 3 |
| Can catch a ball  | 1 | 2 | 3 |
| Can run   | 1 | 2 | 3 |
| Can skip  | 1 | 2 | 3 |
| Eats a balance diet (including fruits and vegetables)     | 1 | 2 | 3 |
|   |   |   |   |