



Kindergarten Readiness Early Enrolment Checklist

Name: _____ Date of Birth (M/D/Y): _____

1. Is your child currently attending a pre-school program? No Yes

If Yes, where: _____.

2. Are there any agencies currently providing support to your child? No Yes

If Yes, who and why: _____

3. Are there any prescribed medications that your child requires? No Yes

If Yes, please provide details: _____

Record parent responses as Yes or No. Summarize any concerns or needs below.	JK		SK	
	YES	NO	YES	NO
PHYSICAL				
1. a) Toilet trained				
b) Needs washroom modifications				
2. Able to walk without assistance				
3. Hearing within normal range				
4. Vision within normal limits				
5. Dresses independently				
6. Can control pencils/crayons				
7. Able to feed self independently				

Record parent responses as Yes or No. Summarize any concerns or needs below.	JK		SK	
	YES	NO	YES	NO
COMMUNICATION				
1. Vocabulary age appropriate				
2. Speech is clearly understood				
3. Speaks in full sentences				
4. Recognizes and names people, places and things				
5. Requires special technology to Communicate				



Record parent responses as Yes or No. Summarize any concerns or needs below.	JK		SK	
	YES	NO	YES	NO
COMMUNICATION				
SOCIAL BEHAVIOUR				
1. Has good listening skills				
2. Attention span is very short				
3. Reacts very impulsively				
4. Reacts verbally or aggressively with others				
5. Is very shy, withdrawn or fearful of others				
6. Accepts consequences for behaviour				
7. Will often tantrum or be defiant				
8. Shares and cooperates with others				
9. Accepts routines and directions from adults				
10. Cares for personal property				

Any additional comments or areas of concern: