

**REFERRAL FOR EARLY ENTRANCE
KINDERGARTEN/FIRST GRADE
PARENT CHECKLIST**

Childs Name: _____

	FREQUENTLY	SOMETIMES	NEVER
Performs self-help tasks independently (Dressing, Zipping, Tying)			
Uses eye/hand coordination to perform fine motor tasks (Drawing, Writing, Cutting)			
Uses balance and control to perform large motor tasks (Walking, Jumping, Skipping)			
Shows eagerness to learn			
Follows rules and routines			
Handles change and transition			
Interacts with one or more children			
Listens for meaning in stories, discussions, and conversations			
Speaks clearly to share ideas and thoughts			
Can identify letters			
Can identify beginning sounds			
Uses letters and words to write			
Writes name independently			
Can recognize numbers 0-20			
Can orally count forward to 30			
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle triangle)			
Can recognize and describe attributes of shapes			

Continue with questions on page 2

1. How does your child respond when he/she tries but cannot do something?

2. What types of reading activities does your child engage in at home?

3. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers.

4. How long does your child maintain interest in a play activity or game at a given time?

Parent/Guardian: _____

Signature: _____

FIRST READING: JUNE 16, 2020

SECOND READING: JULY 21, 2020

ADOPTION: JULY 21, 2020