



Transitional Kindergarten and Kindergarten Admission Information Parent's Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Currently a New Family

Saint Mark School recognizes the importance of parents' insights and observations as we plan our program to address the needs of our students. Please read each item and respond by checking the column ("No," Uncertain," "Yes") that best applies to your child. Thank you!

**Personal/Speech**

	No	Uncertain	Yes
Can your child tell others his/her:			
1. first and last name? .....			
2. age? .....			
3. street address? .....			
4. birth date? .....			
5. telephone number? .....			

**Beginning Academic Skills**

Does your child:	No	Uncertain	Yes
1. recognize and name 5 colors?.....			
2. recognize and name 10 colors?.....			
3. count to 5?.....			
4. count to 10?.....			
5. comprehend numerals to 5? .....			
6. recognize some lowercase letters?.....			
7. recognize some uppercase letters?.....			
8. comprehend pictures in books?.....			
9. comprehend stories read to him/her?....			

**Visual and Fine Motor Skills**

Does your child:	No	Uncertain	Yes
1. recognize his/her name in print? ? .....			
2. copy a circle and a plus sign? .....			
3. write his/her first name? .....			
4. write his/her last name? .....			
5. draw recognizable pictures? .....			
6. try to stay within the lines when coloring?			
7. use scissors to cut paper? .....			
8. complete age-appropriate art projects?.....			
9. assemble age-appropriate puzzles?.....			

**Self-Help Skills**

Does your child:	No	Uncertain	Yes
1. dress himself/herself? .....			
2. button his/her clothing? .....			
3. totally care for toileting needs? .....			
4. tie his/her shoes? .....			
5. know which shoe goes on which foot? .....			
6. usually take care of personal items?.....			

**Social Skills**

Does your child:	No	Uncertain	Yes
1. greet others in an appropriate manner?..			
2. usually share and take turns willingly?...			
3. usually play well with at least one child?...			
4. willingly participate in group activities?...			
5. use materials/equipment appropriately?...			

**Emotional /Self-Reliance**

Does your child:	No	Uncertain	Yes
1. willingly engage in new activities?.....			
2. try to solve problems without help? .....			
3. work independently? .....			
4. complete tasks? .....			
5. accept limits set by adults? .....			
6. usually reflect a happy disposition?.....			

**Speech**

Does your child:	No	Uncertain	Yes
1. express needs with words? .....			
2. have understandable speech? .....			
3. speak in sentences of 4 or more words?..			

**Health/Physical**

Does your child:	No	Uncertain	Yes
1. seem to have good health and stamina?...			
2. work from left to right and top to bottom?...			
3. discriminate between right/left hand?.....			
4. use the same hand as a preferred hand?..			

Date Form Completed: \_\_\_\_\_