

KINDERGARTEN READINESS CHECK-LIST

Child's Name: _____ DOB _____

Pre-School / LDC Centre: _____ Attendance: ☐ Regular
☐ Irregular

Days Attended: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please tick and / or comment:

	Skills Well Established	Satisfactory	Needs Attention
Self Help			
Oral Language			
Listening Skills			
Attention to Task			
Follows Simple Directions			
Gross Motor			
Fine Motor			
Social Skills / Behaviour			

Intervention (if any) / Speech / OT / EIP / Medication etc. _____

Child's Strengths _____

Child's Needs _____

Strategies in Place _____

Comments or Concerns (eg. Peer Placement) _____