

Child's Name _____ Date _____ Examiner _____

1. Introduce yourself. "Hi, my name is _____. I am a _____ teacher. I'm going to ask you some questions so I can find out more about you before you come to school in August."

The parent may stay in the room and fill out a questionnaire about their child.

Note if the parent helps the child with any part of this screening.

Are you going/Did you go to Preschool or Nursery School? ___yes ___no

What name do you like to be called? _____

What name do you know how to print or like to print? _____

How do you pronounce your last name? Say it for me. _____

Do you have any brothers or sisters? Names? _____

Do you have any pets? Kind? Names? _____

What are your mom and dad's names? _____

Do you have your own library card? ___yes ___no Can you read? _____

2. Kindergarten Assessment Battery: Number Identification, Number Concepts, Word Writing, CAP, Alphabet, Sound Symbol. Circle any incorrect responses and write what the child said. Place a star next to the date if all the responses were correct.

3. "Can you cut out this circle on the line?" Tape the circle to the back of the child's drawing and write the child's name and date on it. Which hand was used for cutting? ___right ___left
Did the child hold the scissors correctly? ___yes ___no

Which direction did the child start cutting? Draw an arrow on the circle==>



Make note of any unusual way the child holds the scissors or cuts with it.

4. "Write your name on this line with a pencil." Which hand did the child use to write his/her name? ___right ___left Did the child hold the pencil correctly? ___yes ___no

Make note of any unusual way the child holds the pencil or forms letters. Notes:

On the same piece of paper: "Now I'd like you to use any colors in this box to draw a picture of yourself." Notes:

5. If time: Personal Information "Do you know your address? Where do you live?" Record what the child says. Then ask phone number and birthday. Use the address list in the front of this notebook if the info is not recorded at the top of the page. Circle + or -

6. If time: Gross Motor: Model each task for the child and have him/her copy you. Plus or minus. Make note of what he/she had difficulty doing. Notes:

___Hop on 2 feet 5 x ___Hop on the right foot 5 x ___Skip

While the child is drawing or cutting, fill out the checklist or fill in the info below.

Show the checklist to the parent and give your recommendations:

1. appears to be ready for Kdg.
2. can use some extra help learning the letters + numbers -- give a Summer School flyer.
3. may be referred for EDK for extra help in Sept.
4. may need to be retested to see what was learned over the summer.

If needed, the parent will receive a call in August to schedule an appointment.

To help the child at home on any areas that were weak, show the "skills" in the rest of the packet that match the numbers on the checklist. Point out the resources on our class website. Give the "cutting" booklet to the child. We will meet again at the Orientation in the gym room, the date is listed at the bottom of the checklist.

Send the parent and child to the Speech Therapy Room for a quick screening if the Speech Therapist is in the building at the time of this screening.

Who brought the child to the screening?

Was the child's reaction to the screening positive or negative? Make note if the child was focused, pleasant, easily distracted, quiet, talkative, restless, interested, etc.

Was Summer School recommended? ___yes ___no

Possible EDK referral? ___yes ___no

If the child missed many numbers and letters, should we schedule an appointment to retest before school starts to see what was learned over the summer or if the child may still be a candidate for the EDK program? ___yes ___no

Possible speech referral? ___yes ___no ___ couldn't really tell

Note any mispronounced sounds or words you may have noticed:

Notes: