

Parent Assessment of Kindergarten Readiness
Sample from a California school district

- Does your child or can your child:
 - state his/her complete name?
 - recite home address?
 - recite home telephone number?
 - know full name of parent/guardian?
 - state his/her birth date?

- How often is your child read to by an adult: daily, two times a week or less than once a week?

- Is your child's speech easily understood by:
 - you?
 - other adult family members?
 - peers?

- Indicate what preschool experiences your child has had by giving name(s) of school(s), dates of attendance and teachers' names.

- What other experiences has your child had with other groups of children, for example, play groups, sports, dance?

- How would you characterize your child's ability to associate with groups of children and deal with new situations?

- What special services, if any, does your child now receive; for example, speech, occupational or physical therapy, counseling?