

# Parent Check List

Please complete and return to office staff upon leaving today.

Child's Name: \_\_\_\_\_

Please make a check next to any that apply to your child.



## Intellectual

- Shows an interest in books and reading
- Holds book and turns pages correctly
- Knows some songs, rhymes
- Participates in rhyming games
- Identifies some letters (especially those in own name)
- Identifies labels and signs in the environment
- Pretends to read and write
- Knows first and last name
- Knows names of family members
- Can tell about an experience
- Can tell and retell familiar stories
- Can communicate personal needs
- Has had a variety of experiences such as library, park, zoo, grocery store, post office
- Can use crayons, pencil, scissors
- Expresses ideas with drawings
- Is willing to try to complete a task

## Social

- Will listen to an adult and do as told
- Can cooperate with other children
- Can play with other children without hitting or biting
- Can sit for short periods (15 min.)
- Can follow a rule
- Understands and follows oral directions

## Care for Personal Needs

- Can blow nose, cover sneeze
- Is independent in using the toilet
- Can wash own hands
- Can snap, button, zipper or belt own pants
- Can take off and put on coat
- Can tie shoes
- Recognizes own possessions: jacket, lunchbox, etc.
- Can eat unassisted
- Can use silverware
- Will put away toys when asked

## **Health**

- Has a health problem that may affect academic progress or behavior
- Any family concerns that may affect learning or behavior
- Receives dental check-ups regularly
- Eats at regular times each day
- Gets eight or more hours of sleep at night
- Can run, jump, climb, swing and use balls

