

Kindergarten Entry Questionnaire

The following information will help us in creating balanced classes. Please answer these questions to the best of your knowledge.

STUDENT NAME (FIRST/ LAST) _____

BIRTHDATE (M/D/Y) _____

LANGUAGE(S) SPOKEN AT HOME _____

Preschool

- attended no preschool
- attended 1 year of preschool
- attended 2 years of preschool

name of preschool

Follows Directions

- has difficulty following directions with 2 or more steps
- can easily follows directions with 2 or more steps

Task Completion

- has difficulty completing a task through completion
- can easily complete a task through completion

Letter Recognition and Letter Sounds

CAN NAME LETTERS OF THE ALPHABET WHEN SHOWN A LETTER (UPPER-CASE OR LOWER-CASE)
CAN SAY THE SOUND OF LETTERS OF THE ALPHABET WHEN SHOWN A LETTER (UPPER-CASE OR LOWER-CASE)

- | | |
|--|--|
| <input type="checkbox"/> can name very few letters | <input type="checkbox"/> can say the sound of very few letters |
| <input type="checkbox"/> can name several letters | <input type="checkbox"/> can say the sound of several letters |
| <input type="checkbox"/> can name almost all letters | <input type="checkbox"/> can say the sound of almost all letters |
| <input type="checkbox"/> not sure | <input type="checkbox"/> not sure |

Counts sets of Objects

WITH ONE-TO-ONE CORRESPONDENCE

- has difficulty counting sets
- can easily count sets
- not sure

Counts From 1-10

ORALLY COUNT BY ONES

- has difficulty counting
- can easily count
- not sure

Recognizes Numbers

CAN NAME NUMBERS 0-10
WHEN SHOWN A NUMBER

- can name very few numbers
- can name some numbers
- can name most numbers
- not sure

Letters vs Numbers vs Shapes

CAN NAME / DISTINGUISH SYMBOLS AS A LETTER, A NUMBER, OR A SHAPE

- yes no not sure

Thank You