

### FOR CHILDREN APPLYING FOR KINDERGARTEN

This report is to be completed by the staff of the preschool or daycare the child is attending.

Child's Name: \_\_\_\_\_  
Legal Last Name                      Legal First Name                      Usual First Name (if different from legal)

Date of Birth: MMM / DD / YYYY

Name of Preschool or Daycare: \_\_\_\_\_ Location: \_\_\_\_\_

AREAS OF DEVELOPMENT	BEGINNING	DEVELOPING	PROFICIENT	NA – Not assessed at this time
<b>1. Gross Motor Skills</b>				
Can skip, hop & gallop				
Can climb on equipment with ease				
Can throw & catch a ball				
Can play games with friends				

<b>2. Emotional Development</b>				
Allows self to be comforted during stressful times				
Can express anger in words				
Allows aggressive behaviour to be redirected				
Does not withdraw from others excessively				
Shows interest and attention in classroom activities				
Smiles & seems happy most of the day				

<b>3. Fine Motor Skills</b>				
Can draw lines & circles				
Can trace name				
Can print name				
Can trace letters				
Can write some letters				
Can colour within the lines				
Can string a set of beads				
Can put together an 8 piece puzzle				
Can draw some shapes				
Ability to cut with scissors				
Can stack a set of blocks				

AREAS OF DEVELOPMENT	BEGINNING	DEVELOPING	PROFICIENT	NA – Not assessed at this time
<b>4. Self Help Skills</b>				
Ability to eat unassisted				
Ability to drink unassisted				
Ability to use bathroom unassisted				
Ability to put coat on unassisted				
Ability to zip up coat unassisted				
Ability to put on shoes unassisted				

<b>5. Social Skills</b>				
Can use words to express oneself				
Shows respect for teachers				
Can keep hands & feet to oneself				
Can put toys away correctly				
Can follow instructions				
Can follow classroom rules				
Can listen to teacher the first time				
Makes friends with other children				
Participates in group activities				
Plays with others in cooperative play				

<b>6. Reading Readiness Skills</b>				
Can sit & listen at Circle Time				
Enjoys reading books				
Can recognize name in print				
Can sing & repeat songs				
Can repeat a story from memory				
Knows the letter in his/her name				
Can recognize some letters				
Knows some letter sounds				
Can recognize names of some friends				
Knows rhyming words				
Takes part in singing				

PLEASE PROVIDE ANY ADDITIONAL INFORMATION OR COMMENTS THAT COULD ASSIST THE SCHOOL IN KNOWING THIS STUDENT AS AN INDIVIDUAL.

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Completed by: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: MMM / DD / YYYY

Please email completed form directly to: [registration@hopelcs.ca](mailto:registration@hopelcs.ca)

Or fax to: 604-942-5311 to the attention of the Registrar