



## Best Beginnings Preschool Preschool Readiness

Best Beginnings wants every child to have a positive and successful preschool year. For many children this is their first school experience. The ability to successfully separate from parents as well as communicate and play well with other children are the primary skills we work on here at preschool. Having a solid foundation on which to build these skills will make the transition from home to preschool an easier one for all involved.

Completing this form will assist us in getting to know your child better. It will also help us identify families who may need a little help in getting their child ready for that first big day of school.

Child's Name: \_\_\_\_\_ Child's birth date: \_\_\_\_\_  M  F

Parent/Guardian's Name: \_\_\_\_\_

### Language:

What is the primary language spoken in your home? \_\_\_\_\_

If English is your child's primary language:

Is your child's speech for the most part understandable to others?  Yes  No

If English is not your child's primary language:

Is your child able to speak enough English to make their needs and wants clear?  Yes  No

Is your child able to understand enough English to follow directions?  Yes  No

### Separation:

Has your child been involved in any organized group experiences (toddler groups, kinder music, gymnastics)?  Yes  No

If yes, where? \_\_\_\_\_

Does your child enjoy library story times, playground parks, playdates, etc.?  Yes  No

Do you occasionally leave your child for brief periods of time with a babysitter or friend, someone other than a family member?  Yes  No

### Special Needs or Services:

Is your child receiving or has your child received any special services such as OT, PT, Speech?

Yes  No If yes, where? \_\_\_\_\_

Are there any social, emotional or health issues we should be aware of? How are these managed?

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	Not Well			Very Well	
How well does your child separate from you?	1	2	3	4	5
How well does your child get along with other children?	1	2	3	4	5
How well does your child sit and listen for at least 10 minutes?	1	2	3	4	5
How well does your child follow directions?	1	2	3	4	5
How well does your child do at trying new things?	1	2	3	4	5
How well does your child do at putting away toys?	1	2	3	4	5
How well does your child do using the toilet <b>independently</b> ?	1	2	3	4	5
How well does your child respond to discipline?	1	2	3	4	5

Is there anything else you would like to share with us about your child or family?

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