

Parent Checklist

Child's Name: _____

Date: _____

Physical Well-being and Motor Development

Frequently

Sometimes

None of the time

Performs self-help tasks independently

(dressing, undressing, zipping, tying, toileting, eating)

Uses eye/hand coordination to perform fine motor tasks

(drawing, writing, and cutting)

Uses balance and control to perform large motor tasks

(walking, jumping, and skipping)

Personal and Social Development

Frequently

Sometimes

None of the time

Shows eagerness to learn (curious, like to investigate)

Follows rules and routines (cleans up at play time)

Handles change and transition (dinnertime to bedtime)

Interacts easily with one or more children

Separates easily from parent

Can attend (listen) for at least 10 minutes

Language and Literacy

Frequently

Sometimes

None of the time

Listens for meaning in stories, discussions, and conversations

Speaks clearly, to share ideas and thoughts

Can identify most letters (upper and lowercase)

Can identify some beginning sounds

Uses some letters and sounds to write

Writes name

Mathematical Thinking

Frequently

Sometimes

None of the time

Can recognize numbers 0-20

Can orally count forward to 20

Can recognize, duplicate, and extend simple patterns

(circle-triangle, circle-triangle, circle-triangle)

Can recognize and duplicate basic shapes

Scientific Thinking

Frequently

Sometimes

None of the time

Uses a magnifying glass to look at different objects

Can describe and sort objects by one or more properties

Uses the 5 senses to make observations about the natural world

Social Studies

Frequently

Sometimes

None of the time

Recognizes self and others as having the same & different characteristics

Describes roles and responsibilities of people

(Firefighters put out fires)

Recognizes the reasons for rules
