

St. Michael Kindergarten Expectations

At the end of the school year, preschoolers registering for Kindergarten should be able to:

Personal/Social

- Take turns
- Follow rules
- Raise hand
- Manage toilet needs alone
- Stand quietly in line
- Practice courtesy
- Clean up after an activity
- Sit in a chair for short lengths of time

Language

- Identify body parts
- Speak in complete sentences
- Say his/her first and last name
- Tell his/her birthday
- Follow a two-step direction
- Listen to a story and retell it

Fine Motor Skills

- Draw a recognizable person with at least 6 body parts
- Hold a pencil or crayon properly
- Write his/her first name using a capital letter with lower case letters
- Copy a circle, square and rectangle
- Put on jacket by self

Cognitive

- Recite the letters of the alphabet
- Recognize and identify some letters and numbers
- Count to 20
- Count 10 objects
- Identify circle, square, rectangle, triangle
- Name 8 basic colors
- Demonstrate knowledge of left and right
- Demonstrate knowledge of first and last

St. Michael School Information Form – Teacher Questionnaire
3703 Stone Lakes Drive, Louisville, KY 40299
502-267-6155



PLEASE RETURN THIS FORM DIRECTLY TO ST. MICHAEL SCHOOL

Child's Name _____ Birthdate _____

My child () does NOT attend a preschool

IF YOUR CHILD DOES NOT ATTEND A PRESCHOOL. PARENT SHOULD STOP HERE AND SIMPLY RETURN FORM TO ST. MICHAEL. Please note if your child did not attend preschool you may be called in for an informal assessment for kindergarten placement.

IF CHILD ATTENDS PRESCHOOL, PLEASE GIVE THIS FORM TO PRESCHOOL FOR THEM TO COMPLETE AND RETURN TO ST. MICHAEL.

Pre-school the child attends: _____

Address of preschool & zip: _____ zip _____

How often does he/she attend? # of days _____ () half day () full day

1. The things this child does that please me the most are: _____

2. The things this child does (or does not do) that concern me the most are: _____

3. When this child does not follow directions I _____

4. What words immediately come to your mind when you think of this student _____

5. Describe any special or unusual characteristics, strengths or weaknesses, which may be relevant to this student's performance in school. Any special needs? _____

6. In your professional opinion, do you have any comments about the child's kindergarten readiness? _____

Please mark (X) the responses that you think best describe this student.

	Rarely	Sometimes	Nearly Often	Often
- Works and plays cooperatively				
- Exhibits self-control				
- Listens attentively				
- Follow directions				
- Completes assigned tasks				
- Shows Concern for others				
- Shows age-appropriate maturity				
- Manages toilet needs alone				
- Sits still at appropriate times				
- Keeps hands and feet to self				
- Recognizes all letters of the alphabet				
- Recognizes some letter sounds				
- Counts to 10				
- Identifies circle, square, rectangle, triangle				
- Writes his/her first name with capital & lower case letters				

Name of Teacher: _____
(print name please)

Signature of Teacher _____ Date: _____

May we contact you if we have any questions regarding this child: () No

() Yes – phone # _____

Thank you for completing this questionnaire regarding the student listed on the front of this questionnaire. Your input will assist us in assessing his/her readiness to enter Kindergarten.

Please return questionnaire in attached envelope.