

KNOX PRESCHOOL 3 through 5 Yr. Old Developmental Checklist

3 through 5 yrs. old as of 9/1/02

Child's Name: _____

At Knox Preschool, our classes are balanced by age, gender, and developmental stage to ensure a positive experience for each child. It is, therefore, important that you complete the questions below so that we can know your child better. Please select the form that corresponds with your child's age as of 9/1/02 and return this form with your application. Thank You.

SOCIAL, EMOTIONAL DEVELOPMENT:

1. Does your child separate easily from his/her caregiver? Yes__ Not Yet__
2. Does your child seek attention, help, and recognition when appropriate? Yes__ Not Yet__
3. Does your child use language and attempt to problem solve in conflict situations (ex: asks for an item instead of grabbing it, or says "please don't hit me" instead of hitting back)? Yes__ Not Yet__
4. Does your child demonstrate self-initiated sharing? Yes__ Not Yet__
5. Does your child demonstrate pride in personal accomplishments? Yes__ Not Yet__
6. How does your child get along with other children? _____

7. How is your child accepted by other children? _____

8. How does your child relate to adults? _____

9. What is your child's response to rules and responsibilities at home? _____

PHYSICAL DEVELOPMENT (on questions 4, 5, & 10 check all answers that apply):

1. Does your child pedal a tricycle? Yes__ Not Yet__
2. Does your child usually throw a ball using One Hand__ or Two Hands__ ?
3. Does your child usually catch a ball by Trapping To His/Her Body__ or Grabbing With His/Her Hands__ ?
4. Does your child climb Slanted Ladders__ Vertical Ladders__ Horizontal Ladders__ ?
5. Does your child use scissors by Holding Them Upside Down__ Clipping__ Cutting Across The Paper__ Cutting On A Line__ ?
6. Can your child print Several Marks__ or Several Letters__ or His/Her Whole Name__ ?
7. Does your child take responsibility for washing his/her own hands? Yes__ Not Yet__
8. Does your child take responsibility for going to the bathroom on his/her own? Yes__ Not Yet__
9. Does your child take responsibility for putting on some of his/her own clothing? Yes__ Not Yet__
10. Which items of clothing can your child put on by his/her self? Shirt__ Pants__ Socks__
Coat__ Zipping__ Buttoning__

(continued on back)

COGNITIVE DEVELOPMENT (on question 9 check all answers that apply):

1. How does your child handle frustration when he/she doesn't know how to use an item (ex: when your child doesn't know how to put together a puzzle)? _____

2. Does your child use language to communicate needs and obtain information? Yes ___ Is Learning ___
3. Does your child recognize some words in print? Yes ___ Is Learning ___
4. Does your child ask to dictate messages for you to write? Yes ___ Is Learning ___
5. Does your child distinguish illustrations from print? Yes ___ Is Learning ___
6. Does your child process stories in a reading-like manner (ex: can describe some of the events that occur in a story)? Yes ___ Is Learning ___
7. To what number can your child count from memory? _____
8. Does your child group by attribute (ex: group by size, color, or shape)? Yes ___ Is Learning ___
9. Can your child identify Uppercase Letters _____ Lowercase Letters _____ ?

OTHER:

1. Was your child born pre-maturely? If so, by how much? _____
2. Please describe or list special concerns you might have (if any): _____
