



**Parent Checklist (continued)**

|   | Frequently | Sometimes | Never |
|---|------------|-----------|-------|
| <b>Mathematical Thinking</b>  |            |           |       |
| Can recognize numbers 0-20.   |            |           |       |
| Can orally count forward to 30.   |            |           |       |
| Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle). |            |           |       |
| Can recognize and describe attributes of shapes.  |            |           |       |
| <b>Scientific Thinking</b>  |            |           |       |
| Uses a magnifying glass to look at different objects.   |            |           |       |
| Identifies, describes and compares properties of objects.   |            |           |       |
| Describes characteristics and basic needs of living things (food, water, shelter).                        |            |           |       |
| <b>Social Studies</b>   |            |           |       |
| Recognizes self and others as having same and different characteristics.                                  |            |           |       |
| Describes roles and responsibilities of people (firefighters put out fire).                               |            |           |       |
| Recognizes the reasons for rules.   |            |           |       |
| <b>The Arts</b>   |            |           |       |
| Likes to paint and draw.  |            |           |       |
| Likes to sing and dance.  |            |           |       |
| Can share ideas about a drawing/painting.   |            |           |       |

**Parent Questionnaire**

Please answer each question below. If additional space is needed, use the back of this form.

1. Why do you feel your child should be considered for early entrance into kindergarten?

2. What responsibilities does your child have at home? What do you do when your child does not follow through?

3. How long does your child maintain interest in a play activity or game at a given time?

4. How does your child respond when he/she tries but cannot do something?

5. What does your child know about numbers, shapes and patterns?

6. What types of reading activities does your child engage in at home?

7. What kinds of experiences has your child had with writing and writing tools?

8. How does your child handle transitions and new situations?

9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns and cooperates with peers.

10. What experiences has your child had that have required separating from you?

Please return this completed form to: Huntley Community School District 158, Curriculum & Instruction Dept.,  
650 Dr. John Burkey Drive, Algonquin, IL 60102 or to the Building Principal

For Office Use Only:      Date Received: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_