**School Readiness Questionnaire**

Child’s Name…………………………………………………………………………………………………………………………..

Below is a list of things that we would like your child to be able to do so that they are ready to start school with us here at Arbury in September. We would appreciate it if you could take some time to fill in the questionnaire to let us know which of the statements your child is currently able to do.

If there are any statements that your child is not currently able to do then it would be great if you could work on these over the summer so your child is school ready for September.

If you have any concerns about your child’s ability to do any of the statements, please do come and talk to us at any point during the stay and play sessions. We will be happy to provide you with support and ideas to help you practise the skills at home with your child.

|  |  |  |
| --- | --- | --- |
|  | I can… | Yes/no |
| Self-care and independence | | |
| 1 | Use the toilet independently including wiping bottom. |  |
| 2 | Separate from carer and understand that they will be back soon |  |
| 3 | Put on own coat and is beginning to try and fasten it |  |
| 4 | Wash and dry hands and begin to understand the importance of hygiene |  |
| 5 | Wipe own nose with a tissue |  |
| 6 | Put on and fasten own shoes/wellies |  |
| 7 | Dress and undress fancy dress clothes/painting aprons |  |
| 8 | Brush their own teeth |  |
| Speaking and listening | | |
| 9 | Ask a grown up for help when needed |  |
| 10 | Follow simple 1 and 2 step instructions |  |
| 11 | Talk about own feelings, needs and wants |  |
| 12 | Sit and listen to stories or rhymes |  |
| 13 | Recognise and name the different colours |  |
| 14 | Know and join in with some simple nursery rhymes |  |
| Playing with others | | |
| 15 | Join in with games and activities with other children |  |
| 16 | Share and wait my turn |  |
| 17 | Lose and understand that I cannot win all the time |  |
| Eating and drinking | | |
| 18 | Use a knife, fork and spoon |  |
| 19 | Drink from a water bottle, open cup or carton. |  |
| 20 | Open my lunch box as well as lids off boxes, wrappers and packaging |  |
| Reading, writing and numbers | | |
| 21 | Recognise my own name when written down |  |
| 22 | Hold a pencil to draw or write using a preferred hand (Please state which hand) |  |
| 23 | Write their own name |  |
| 24 | Count a small number of objects |  |
| 25 | Say how many objects up to 3 without counting (subitise) |  |
| 26 | Say number names in order to 10 |  |
| Physical | | |
| 27 | Hold scissors correctly and make snips in paper |  |
| 28 | Manipulate playdough to make simple shapes and models |  |
| 29 | Throw and catch a large ball |  |
| 30 | Safely move in and out of spaces in different ways - crawling, following, jumping, running, climbing etc. |  |
| 31 | Ride a balance bike |  |
| 32 | Ride a scooter |  |