



MACKAY CHRISTIAN COLLEGE

We Love | We Care | We Learn

Prep Student Skills Checklist

Student's Name: _____

Male: Female: Date of Birth: _____ Year of Prep Entry: _____

To help your child's teacher know and understand them more quickly and to help them settle more happily into Prep, please complete the following checklist. Please read each statement and place a tick in the appropriate box for your child for the majority of instances. Return this checklist to the college along with your enrolment application. All information will be handled with confidentiality.

SOCIAL DEVELOPMENT

- | | | |
|--|------------------------------|-----------------------------|
| 1. Likes to help with little household tasks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Likes to play with other children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Shares belongings with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Really likes to play on their own | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Can look after their own belongings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is careful when using other children's belongings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Often has temper tantrums when upset or corrected | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EMOTIONAL DEVELOPMENT

- | | | |
|--|------------------------------|-----------------------------|
| 1. Seems to worry a great deal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Cries easily when upset | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is quiet most of the time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is very restless or active, never stays still | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is rather frightened of new situations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has been looking forward to Prep | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MOTOR SKILLS

- | | | |
|--|------------------------------|-----------------------------|
| 1. Dresses themselves most of the time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Washes face and hands by himself/herself | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can visit the toilet on their own | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Trips over frequently | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Often bumps into people or objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Can stand on each leg alternately | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Hops on one leg | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Can draw a recognisable picture of a house and a person | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Colours in shapes staying fairly well within lines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Likes to paint at home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Has had an opportunity to use scissors at home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Cuts out a simple shape neatly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Can draw a reasonably straight line of about 10cm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Has little or no difficulty controlling a pencil | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MEMORY AND ATTENTION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Knows their full name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Can tell the name of the street where they live | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can recognise their name in print | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Understands the dangers of traffic, electricity, fire, water and high places | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Can recognise their belongings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Talks in sentences | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Can make people outside the family understand what they want | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Uses baby talk | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Speaks clearly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Stutters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Can understand and use comparative words (e.g. big/bigger, small/smaller) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Follows verbal instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Shows an attitude of inquiry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Remembers little songs and rhymes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Watches TV programs with interest and likes to talk about them | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Is interested in looking at books | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Likes to have stories read to them | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Answers simple question on story context | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Loses interest quickly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Pays adequate attention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DO YOU THINK YOUR CHILD WILL BE ABLE TO

- | | | |
|--|------------------------------|-----------------------------|
| 1. Sit still and listen to the teacher read a story | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Listen without interrupting while another child talks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Take turns on playground equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Learn the new routine of Prep | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Remember where their bag is kept at Prep | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Make friends at Prep | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you would like to give the teacher any further information please write below:

Parent/Caregiver Signature: _____

Date: _____