



Early Learning Centre Student Skills

Child's Name:

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

To help your child's teacher know and understand them more quickly and to help them settle more happily at the Early Learning Centre, please complete the following list.

Please read each statement and place a tick in the appropriate box for your child for the majority of instances. Return this form to the college along with your enrolment application. All information will be handled with confidentiality.

LANGUAGE DEVELOPMENT

- | | | |
|---|------------------------------|-----------------------------|
| 1. Says their own name and age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Answer simple questions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Speaks in sentences of five to six words | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Speaks clearly, is understood by people outside their family | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Tells stories | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Able to have a conversation (listen and respond) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COGNITIVE DEVELOPMENT

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|---|------------------------------|-----------------------------|
| 1. Correctly name familiar colours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Understand the idea of same and different | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Able to compare sizes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Pretend more creatively | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Follow three-part instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Remember parts of a story | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Understand time better (eg. morning, afternoon, night) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Can count (1 to) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Counts five to ten things by touching them | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Sorts objects by shape and colour | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Complete age-appropriate puzzles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Recognise and identify common objects and pictures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Builds tower eight to ten blocks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Recalls events correctly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MOTOR SKILLS

- | | | |
|--|------------------------------|-----------------------------|
| 1. Walk up and down stairs, alternating feet - one foot per step | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Kick, throw and catch a ball | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Climb well | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Run more confidently | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Ride a tricycle | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Hop and stand on one foot for up to five seconds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Walk forward and backward easily | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Bend over without falling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Dresses and undresses with little help | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Turn a page in a book | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Use age-appropriate scissors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Copy circles (3) and squares (4) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Draw a person with two to four body parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Screw and unscrew jar lids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Turn rotating handles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Toilet themselves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Feeds self with minimum spills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Can open and close a lunch box | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EMOTIONAL AND SOCIAL DEVELOPMENT

- | | | |
|--|------------------------------|-----------------------------|
| 1. Imitate parents and friends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Understands the idea of 'mine' and 'his/hers' | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Shows a wide range of emotions such as being sad, angry, happy or bored | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Enjoys playing with other children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Shares, smiles and cooperates with friends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Understands when someone is hurt and comforts them | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Likes to give and receive affection from parents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Can look after their own belongings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Show some self-control when not getting own way | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Cries easily when upset | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is rather frightened of new situations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Has been looking forward to the Early Learning Centre | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DO YOU THINK YOUR CHILD WILL BE ABLE TO

- | | | |
|--|------------------------------|-----------------------------|
| 1. Separate from you | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Learn the new routine of the Early Learning Centre | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Listen without interrupting while another child talks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Take turns with equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Make friends at the Early Learning Centre | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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Parent/Caregiver Signature:

Date: