



# Quechan Head Start

## SCHOOL READINESS IN-KIND FORM

**PLEASE COMPLETE and RETURN TO TEACHER**

<b>Child's Name:</b>	<b>Room:</b>	<b>Month:</b>
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<b>Parent/Guardian (please print)</b>	<b>Signature</b>
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**Put a checkmark ✓ on the day(s) of the week that you and your child worked together on the skills listed below.**

1st Week	2nd Week	3rd Week	4th Week	
<b>1 SOCIAL-EMOTIONAL DEVELOPMENT</b>				
				Recognizes and manages own feelings. "I am sad"
				Recognizes feelings of others. "That little girl is mad"
				Uses self-help skills (toileting, brushing teeth, dressing, eating w/utensil)
				Respects and cares for belongings (picks up toys, puts toys away)
				Plays with others, learning to share, take turns, stand up for self
				Calms self after a behavior upset (deep breaths, counts, hug, etc.)
<b>2 PHYSICAL DEVELOPMENT</b>				
				Cuts with scissors, snips paper, cuts curved/straight lines
				Draws marks, scribbles, lines, shapes, people
				Writes letter like forms, practices writing name
				Builds with blocks, copies a pattern of blocks
				Catches, throws, kicks a ball
				Jumps, runs, hops, skips, climbs
<b>3 LANGUAGE &amp; LITERACY</b>				
				Identifies and says the letters in his/her name
				Produces correct letter sounds from a few to 10 or more letters
				Sits and listens to a short story, turns pages, answers questions
				Recognizes print (words) in the environment, pretends to write a message
				Recognizes and says his/her first and last name
				Actively participates in conversations, uses 3 or more word sentences
				Listens to stories/songs that rhyme, notices/identifies rhyming sounds/words
<b>4 COGNITIVE DEVELOPMENT</b>				
				Uses position words (under, in front of, beside, between, next to).
				Observes and asks questions about the environment (how, why, what)
				Draws or constructs/builds something, then names/tells what it is
				Arranges/sorts objects by size, shape, color, or it's use
				Counts (1 to 5) or (1 to 10) or (1 to 20) by memory
				Counts objects by touching each object with finger (1 to 5) or (1 to 10)
				Stays on task, has persistence when completing an activity

### HEAD START STAFF USE ONLY

				<b>TOTAL NUMBER OF CHECKMARKS ✓ PER WEEK</b>
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Total # of check marks \_\_\_\_\_ X .25 = \_\_\_\_\_ X \$ 19.07 = \_\_\_\_\_  
Amount of Time
Current rate
Total in-kind contribution

\_\_\_\_\_  
Classroom teacher's signature

\_\_\_\_\_  
Manager's verified signature