



Observational Report of School Readiness

Child's Name: _____

Child's First Day at Your Institution: _____

*For each component, please tick the box that best represents the child's skills.
Email the completed report to office@hhscole.dk.*

Motor Skills

	Never	Sometimes	Always
The child can...			
correctly hold a pencil			
use scissors			
catch and throw a ball in a pre-determined direction			
keep their balance			
colour inside the lines			
write their name			
draw a triangle and make a 'X'			
tie shoelaces			
skip, hop on one leg, and do somersaults			
The child ...			
uses a dominate hand and foot			

Social and Emotional Skills

	Never	Sometimes	Always
The child can...			
play with other children			
complete small tasks: tidying up, setting the table, etc.			
listen to others			
wait their turn			
play and follow the rules			
concentrate, even when other things are happening around them			
be attentive for 10 minutes			
stick to the topic in a conversation			
The child shows...			
a good feeling of self-worth			
curiosity and wants to learn more			



Language Skills

	Never	Sometimes	Always
The child knows...			
their first and last names			
their birthday			
references of time, such as yesterday, today, and tomorrow			
The child can...			
immerse themselves in play and other self-chosen activities			
speak in correct, long sentences			
count to 10			
show understanding for numbers			
retell a little story in the right order			
name all the colours			
listen to a story in a group			

Independence Skills

	Never	Sometimes	Always
The child can...			
use the toilet without help			
Put their clothes on and take them off			
Play unsupervised for short periods			
get a drink when needed and pour it from a pitcher			
blow their nose and wash their hands			
clean up small messes at the table			
keep track of their things			
work independently on a task			
pass a message on to someone			
eat with good table manners			
Say 'good-bye' to their parents calmly and without worry			

Other comments: _____

Name: _____ Date: _____

Name of Institution (with stamp): _____