

**WEST MILFORD TOWNSHIP SCHOOL DISTRICT  
KINDERGARTEN REGISTRATION  
PRE-KINDERGARTEN INVENTORY**

**STUDENT NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
**DATE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

	NOT AT ALL	WITH SUPPORT	APPROACHING INDEPENDENCE	INDEPENDENT	NOT OBSERVED
<b>FINE MOTOR SKILLS</b>					
Holds Crayon/Pencil Correctly					
Scissor Skills					
<b>VERBAL SKILLS:</b>					
Speaks Clearly					
Pronounce Words Correctly					
Speak in Sentences					
Express Feelings with Words					
<b>READING READINESS:</b>					
Identifies Capital Letters:					
Identifies Lower Case Letters:					
Hears Rhyming Words					
Begins Printing Their Name					
Begins Printing Their Letters					
Begins Printing Their Numbers					
<b>MATH READINESS:</b>					
Identifies Numbers 1-10					
Counts from 1-20					
Orders Numbers 1-10					
<b>SELF-KNOWLEDGE:</b>					
Full Name					
Address					
Telephone Number					
<b>SOCIAL DEVELOPMENT:</b>					
Gaining Self-Confidence					
Makes Good Use of Time When Completing a Task					
Works Well Independently					
Takes Good Care of Materials					
Shares with Others					
Follows Directions					
Plays Well with Others					
Listens When Others Speak					
Uses Self-Control					
Respects Other Things					

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As parent/guardian of the above-named child, I give my consent to release the following document filled out by \_\_\_\_\_ to the West Milford Public Schools.  
(name of facility)

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Facility Representative Name (Please Print)

\_\_\_\_\_  
Representative Signature