



# Coldwater Community Schools

## Kindergarten Readiness Assessment

Please let us know more about your child's primary form of care and schedule before entering kindergarten. Please complete the following information about your child and return it to CCS:

Child's First Name: \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**What was your child's primary form of care in the year before entering kindergarten? (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Great Start Readiness Program (GSRP)        | <input type="checkbox"/> Head Start              |
| <input type="checkbox"/> Early Childhood Special Education Classroom | <input type="checkbox"/> Child Care-Home Based   |
| <input type="checkbox"/> Young Fives/Developmental Kindergarten      | <input type="checkbox"/> Kindergarten            |
| <input type="checkbox"/> Private Child Care Center                   | <input type="checkbox"/> No Prior Care Program   |
| <input type="checkbox"/> Registered Family/Relative Child Care       | <input type="checkbox"/> Tuition-Based Preschool |

**Name of Preschool program:** \_\_\_\_\_

**What was the schedule of your child's primary form of care last year?**

- Part-day, 4 days per week     Part-day, 5 days per week     Other Schedule
- School-day, 5 days per week     School-day, 4 days per week

**Due to the pandemic, my child attended the above programs at least half of the school year:**

- In Person     Virtual/Online     Hybrid     Chose to Stay Home Due to Pandemic

If you have any questions about the Kindergarten Readiness Assessment, please contact your child's school principal by phone at (517)279-5960. Thank you!