

Kobus Weyers

M.A. (Voorl.) S.O.D.

VOORLIGTINGSIELKUNDIGE / COUNSELLING PSYCHOLOGIST

Gereg. Raad vir Gesondheidsberoepe van S.A.

PS 0005703

Reg. Health Professions Council of S.A.

Pr. No.: 8616388

MITCHELL BAKERYLAAN 8 MITCHELL BAKER DRIVE, SOMERSET-WES(T), 7130
HOOFWEG 36 MAIN ROAD, EERSTERIVIER, 7100

Tel/Fax: (021) 855 1164

(021) 902 0013/4

083 careers
083 227 3377

kobus@kobusweyers.co.za
www.kobusweyers.co.za

I want to know how well I am prepared for big school!

My name: _____




Today's date: 2006/____/____

Date of birth : ____/____/____

Chronological age: _____

My big school's name is: _____

		AUG – DEC 2006		MARCH 2007	
		YES	NO	YES	NO
	GENERAL				
1.	I know what my name looks like.				
2.	I can write my name (begin with capital letter, the rest lower case).				
3.	I know how old I am.				
4.	I know when it is my birthday.				
5.	I know my telephone number.				
6.	I know my address.				
7.	I can bath and dress myself.				
8.	I don't need help going to the toilet.				
9.	I can put my socks on and tie my shoelaces.				
10.	I can eat with a knife and fork.				
	NUMBER SKILLS				
1.	I can count 10 beads, buttons, blocks etc.				
2.	I am able to divide 6 sweets between my mom and myself, so we each have an equal share.				
3.	I have 3 sweets and I am given 3 more, I know how many I have altogether.				
4.	I can write the numbers 1 – 10.				
5.	I can count from 1 to 10 in the correct order.				
	BODY AWARENESS				
1.	I can name the different parts of my body.				
2.	I can distinguish between the left and right parts of my body e.g. I can touch my right ear with my left hand.				
3.	My left/right hand is dominant or I prefer using my right/left hand.				
4.	I prefer using my right/left foot.				
5.	I know and understand concepts like top/bottom, front/back, next to, right side/left side.				

		AUG – DEC 2006		MARCH 2007	
		YES	NO	YES	NO
	POSTURE				
1.	I can sit in the correct position at a table when reading and writing.				
	VISUAL ACUITY				
1.	My eyes have been tested this year.				
	GROSS MOTOR DEVELOPMENT				
1.	I like swinging and climbing on a jungle gym.				
2.	I can hop on alternate feet.				
3.	I can stand on one leg with my eyes open for 15 seconds.				
4.	I can stand on one leg with eyes closed for 8 seconds.				
5.	I can do 2 or more forward rolls without stopping.				
6.	I can throw a ball in the air and catch it.				
7.	I can skip in a circle continually.				
	FINE MOTOR DEVELOPMENT				
1.	I can tie and undo laces.				
2.	I can undo and do buttons.				
3.	I can hold a pencil/crayon correctly when writing.				
4.	I can cut with a scissors.				
5.	I can touch each of my fingers with my thumb within 5 seconds.				
6.	I can draw a diamond shape correctly.				
7.	I am able to stay within the lines when colouring-in a picture.				
8.	I can cut out a picture with scissors and then glue it onto a specific place with "Pritt".				
9.	I can draw a circle to the left (starting from 2 o'clock going left). 				
10.	Without touching the lines or lifting my hand I can draw a line from the star to the cross. 				
	TACTILE				
1.	I like games that involve body contact.				
2.	I like playing in the sandpit.				
3.	I like to walk barefoot.				
4.	I enjoy washing my face/my hair, and I do not mind having my nails cut.				
	VISUAL PERCEPTION				
1.	I can name and draw basic shapes. 				
2.	I can tell the difference between the various shapes.				
3.	I know more than 8 colours and can identify them correctly.				

		AUG – DEC 2006		MARCH 2007	
		YES	NO	YES	NO
4.	I can sort according to colour, shape or size, e.g. I can take all the red blocks out of a pile of toys or I can take everything out that looks like a circle (or has a circular shape).				
5.	I am able to classify well e.g. I can take out everything that one can eat, or everything one uses to write with, or anything that floats (pictures from a magazine).				
6.	I can do a 30 piece puzzle with ease.				
7.	I can remember 5 objects after only seeing them for 10 seconds.				
	HEARING				
1.	My hearing has been tested this year.				
	SPEECH DEVELOPMENT				
1.	I can pronounce all the speech sounds including the “r” and “s” sounds.				
2.	I can pronounce all the speech sounds without replacing them with other sounds e.g. “tat” instead of “cat”.				
	LISTENING SKILLS				
1.	I can remember five numbers in the correct order.				
2.	I can retell a story with twelve facts, in the correct sequence.				
3.	I can carry out 4 simple tasks in order e.g. stand up, turn around, clap your hands and jump twice.				
4.	I can hear if words have the same or a different sound e.g. man/pan, rat/sat.				
5.	I can clap out the syllabus of a word e.g. ba-na-na.				
6.	I can hear the first and last letters in a word e.g. man – begins with “m” and ends with “n”.				
7.	I can put two words together to make one word e.g. sun and shine – sunshine.				
8.	I can identify and add my own rhyming words e.g. which other words sound like cat e.g. hat, fat, mat, rat.				
	LANGUAGE DEVELOPMENT				
1.	I know the 4 seasons of the year.				
2.	I can name the days of the week in the correct order.				
3.	I use words like behind, in front, on top etc.				
4.	I use all the pronouns correctly e.g. his, her, hers, he, she.				
5.	I can use more complex sentences like “The good little girl is playing with her doll”.				
6.	I use about 7 words in a sentence when talking.				
7.	I can use adverbs e.g. because, but, and, now, so.				
8.	I understand the use of singular and plural e.g. one and many, cat and cats.				
9.	I understand and use the following concepts more/less, before/after, little/lots, least/most, first/second/third. (Circle the ones you use.)				
10.	I can tell stories with a definite beginning, middle and ending.				
11.	I can remember rhymes and riddles.				

		AUG – DEC 2006		MARCH 2007	
		YES	NO	YES	NO
EMOTIONAL DEVELOPMENT AND SOCIAL SKILLS					
1.	I don't usually cry, if I can't get my own way.				
2.	I can wait my turn.				
3.	I share my toys with others.				
4.	I know I can't take something to eat, if it does not belong to me.				
5.	I can spend time at a friend's house without my mother.				
6.	I will stay with a responsible adult if my mother asks me to.				
7.	I enjoy making new friends and playing with them.				
8.	I am not afraid to talk to adults.				
9.	I will participate in games, even if it is not the one I would have chosen.				
10.	I don't hurt smaller children.				
11.	I can say "NO" if someone wants me to do something I do not like.				
12.	I can make plans and solve my own problems e.g. if a toy gets broken or lost.				
13.	I can sit still for at least 10 min. while listening to a story, watching television or playing a game.				
14.	I usually pack my toys away without having to be reminded.				
15.	I put my hand in front of my mouth when I sneeze, cough or yawn.				
16.	I always try to remember to say "please" and "thank you"!				

Parent(s) comments:

IN CONCLUSION: The contents of this questionnaire can be made available and discussed with:

- your child's Grade R educator.
- your child's Grade 1 educator for 2007.

You are also welcome to contact this practice for a school readiness evaluation which also includes a screening evaluation by an occupational therapist.

CASH FEE: R950.00
MEDICAL AID: R1 403.00
ICD-10 CODE: F83

This questionnaire has been put together with the help and in collaboration with:

- Pre-primary Educators
- Foundation Phase Educators
- Speech Therapists
- Occupational Therapists
- Psychologists