

**MINISTRY OF EDUCATION**  
**NURSERY DIAGNOSTIC ASSESSMENT**  
**INSTRUCTIONS**



**YEAR 1**

**Child's Name :**.....

**Teacher's Name:**.....

## Autobiographical Knowledge Assessment

Date: \_\_\_\_\_

	Question	Full Sentence Response	Single Word/Phrase Response	Incorrect Response	No Response Given
1	What is your name?				
2	How do you spell your name?				
3	How old are you?				
4	When is your birthday?				
5	Are you a boy or a girl?				
6	Who do you live with?				
7	What is your mommy's name?				
8	What is your daddy's name?				
9	Where does your family live?				

Child's name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Alphabet Recitation

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Complete

Number correct \_\_\_\_

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## Colour Recognition



TOTAL \_\_\_\_

TOTAL \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

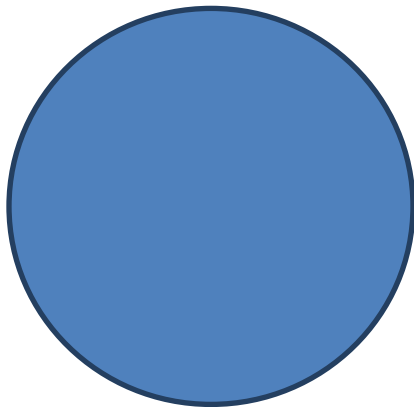
1. Quantity Differentiation

Correct: \_\_\_\_\_ Incorrect: \_\_\_\_\_

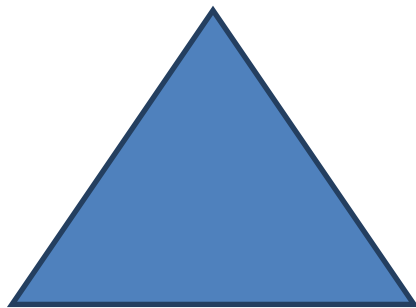
2. Counting Fluency

Highest number achieved: \_\_\_\_\_

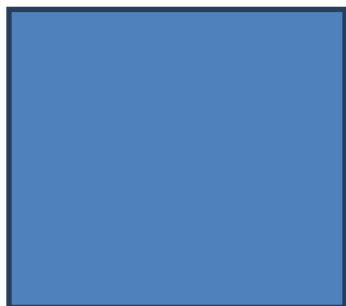
3. Can you tell me the name of this shape?



\_\_\_\_\_




\_\_\_\_\_



\_\_\_\_\_

Can you draw a picture of yourself?



My name is \_\_\_\_\_

Head \_\_\_\_

Mouth \_\_\_\_

Hair \_\_\_\_

Body \_\_\_\_

Eyes \_\_\_\_

Arms \_\_\_\_

Nose \_\_\_\_

Legs \_\_\_\_

TOTAL \_\_\_\_

OBSERVATIONS:

Pencil grip:-

Letter Formation Ability:-