



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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Position \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete form and return to the parent in a sealed business envelope.**

**Observed Behaviors**

	almost always	sometimes	rarely
Chooses an activity independently			
Initiates play with another child, invites another child to play			
Responds to another child's invitation to play			
Joins a group that is already playing			
Plays with something alone			
Solves a problem or finds a solution independently			
Asks for help/assistance			
Shows aggression or loss of self-control			
Consistently follows classroom rules			
Completes assignments within a given time frame			
Actively listens and stays on task without assistance			

**Academic**

	yes	sometimes	no
Speaks in sentences			
Retells information from a story			
Identifies 75% - 100% of uppercase letters			
Identifies 75% - 100% of lowercase letters			
Can write their name			
Traces letters and numbers			
Writes letters without tracing			
Sorts by color, shape, and size			
Counts objects with meaning to 10			
Matches Numerals to 10			
Holds scissors correctly			

**Attendance**

	90% or more	75% or more	74% or less
Student is present.....			
Student attendance at school			

Additional comments: (use the back if necessary)