

Child's Record

Child's Name		Date of Birth	
Teacher(s)			
Program		Phone	
Program's Address			
Dates of Attendance	From: (month/year)		To (month/year)
Date form completed			

Child's Spoken Language

Child's Dominant Language is:			
Child speaks dominant language clearly:		Child understands the dominant language:	
	Occasionally		Occasionally
	Sometimes		Sometimes
	Mostly		Mostly

For children whose dominant language is not English, also complete the following:

Child speaks English clearly:		Child understands English:	
	Occasionally		Occasionally
	Sometimes		Sometimes
	Mostly		Mostly

Home Language Information

Is a language other than English spoken at home? _____ Yes _____ No

If yes, (A) what language? _____

(B) What is the primary language *spoken* to the child at home? _____

(C) What language does the child use at home? (check **one** line below)

_____ Only English

_____ Mostly English

_____ Mostly _____ and sometimes English

_____ Only _____

Adjustment to program/ relationship with adults

Permission for Transfer of Information

Please add any additional information or indicate if you do not agree with any part(s) of this evaluation. You may continue to the back of this page if necessary.

Parent's Comments:

I give my permission for _____ to:

Name of Preschool or other program

	Share the Transition to Kindergarten Information With the following school: _____
	Have an on-going mutual exchange of information regarding my child _____ with the _____ elementary school staff

Parent Signature: _____

Date: _____



Narrative Summary Form

CHILD'S NAME
(MONTHS)

AGE (YEAR)

TEACHER(S)

PROGRAM/CLASSROOM

REPORT DATE
applicable)

LANGUAGES SPOKEN AT HOME (circle primary language if applicable)

ATTENDANCE (Days attended/days of operation)

NARRATIVE SUMMARY BASED ON:

Naturalistic Observations Planned Experiences Family Input
(check all that apply):

STRENGTHS AND GROWTH

NEXT STEPS IN LEARNING AND DEVELOPMENT

CHILD'S INTERESTS

PHYSICAL HEALTH STATUS

Some concerns noted No concerns noted

Describe strengths noted by provider or family:

Describe concerns noted by provider or family:

Describe the information used to determine Physical Health Status:

ACTION ITEMS/FOLLOW UP



Child Observation Summary Form

KEY
E=Emerging C=Consistent

Child's Name		Observation Period		Date completed		Child's Age		Completed By		Attendance (days attended/days open)															
DOB		Primary Language		1		2																			
Dates of Prior Summary Reports		0-3 months		3-6 months		6-9 months		9-12 months		12-18 months		18-24 months		24-36 months		3 to 4 years		4 to 5 years		Data Collected			Comments		
Domain	Progression	E	C	E	C	E	C	E	C	E	C	E	C	E	C	E	C	E	C	Naturalistic Observations	Planned Experiences	Family Input			
																				Naturalistic Observations	Planned Experiences	Family Input			
Cognition	Cognitive Flexibility	Observation Period 1																							
		Observation Period 2																							
	Initiative/Motivation	Observation Period 1																							
		Observation Period 3																							
	Engagement in Learning	Observation Period 1																							
		Observation Period 2																							
	Logic and Reasoning	Observation Period 1																							
		Observation Period 2																							
Symbolic Representation	Observation Period 1																								
	Observation Period 2																								
Social and Emotional Development	Regulation	Observation Period 1																							
		Observation Period 2																							
	Emotional Expression	Observation Period 1																							
		Observation Period 2																							

	Drawing and Writing	Observation Period 2																
Creative Arts	Appr./Engagement in the Arts	Observation Period 1																
		Observation Period 2																
Mathematics	Counting and Cardinality	Observation Period 1																
		Observation Period 2																
	Number Operations	Observation Period 1																
		Observation Period 2																
	Measurement	Observation Period 1																
		Observation Period 2																
Geometry	Observation Period 1																	
	Observation Period 2																	
Science	Scientific Practices	Observation Period 1																
		Observation Period 2																
Social Studies	Social Studies	Observation Period 1																
		Observation Period 2																