

WOODBIDGE PUBLIC SCHOOL PRESCHOOL INFORMATION SHEET

Parents: Please fill in your child's name, birthdate, address, and the preschool he/she is attending. (If your child is not attending preschool this year, print "none".) Please sign the "release information" permission request and return this form with your packet.

Child's Name: _____

Date of Birth: _____

Address: _____

Preschool: _____

Address: _____

I give permission for the pre-school to share the information below with Beecher Road School:

Parent's signature: _____

(This portion to be filled out by preschool teachers)

Preschool Teachers:

We have been informed that the above child is enrolled in your preschool program. Therefore, we ask that you please take a few moments to consider the following skill areas and check the appropriate item. Please feel free to add comments indicating particular strengths or weaknesses that you have observed.

Above Age Level Age Level Below Age Level

SELF HELP SKILLS:

Ability to toilet, feed, and dress with minimal assistance.

Comments: _____

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Above Age Level Age Level Below Age Level

SOCIALIZATION: (Behavior):
Shows evidence of self-control,
awareness of rules and
consequences, plays cooperatively
with peers, and responds
appropriately to adult directions.

Comments: _____

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Above Age Level Age Level Below Age Level

EMOTIONAL: Please indicate child's
general temperament and/or predictable
emotional responses, such as:
outgoing, generally quiet or shy, fearful
of loud noises, needs frequent encouragement, etc.

Comments: _____

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Above Age Level Age Level Below Age Level

LANGUAGE: (Oral Communication)
Use of phrases and sentences with
proper grammar and parts of speech;
evidence of clear thought patterns.

Comments: _____

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Above Age Level Age Level Below Age Level

SPEECH (Articulation):
Use of oral musculature
(teeth, tongue and lips) to produce
age-expected sounds.

Comments: _____

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Above Age Level Age Level Below Age Level

GROSS MOTOR: Child's ability to control
body in space and in relation to objects,
balance, agility, and general coordination.

Comments: _____

Above Age Level Age Level Below Age Level

FINE MOTOR: Eye-hand coordination;
ability to control small muscles of the
hand for manipulation of pencil, scissors,
small objects, etc.

Comments: _____

Above Age Level Age Level Below Age Level

PRE-ACADEMIC (Cognitive Skills):
Willingness to attend to group discussion
and instruction: ability to follow directions
and work somewhat independently

Comments: _____

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1. Is there any further information about this child that we should have that is not included on this sheet?

2. In placing this child, is there any information about the kind of classroom environment that the child needs to be successful?

3. In placing this child, are there any children from whom this child should be separated from?

4. Have you made any special modifications for this child in your learning environment? If so, please describe.

5. If needed, with parent permission, may we contact you to discuss this child? If so, please give us information about how to reach you.

***Please attach copies of any evaluations you have conducted on this child or other information you feel is pertinent.**

*Thank you very much for the time to complete this form. The information that you provided will assist us in providing the very best learning environment for this child.

