

## WOODBIDGE PUBLIC SCHOOL PRESCHOOL INFORMATION SHEET

**Parents:** Please fill in your child's name, birthdate, address, and the preschool he/she is attending and sign the "release information" permission request and return to your child's teacher to complete.

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

**Date of Birth:** \_\_\_\_\_

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

**Preschool:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

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

**Parent's signature:** \_\_\_\_\_

**The below portion is to be filled out by the preschool teacher and returned to:**

Beecher Road School

Attn: Laura Abbott

40 Beecher Road, Woodbridge, CT 06525

Email: [labbott@woodbridgeps.org](mailto:labbott@woodbridgeps.org)

### **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:** \_\_\_\_\_

|                                                                                                                                                      | Above Age Level | Age Level | Below Age Level |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|-----------------|
| <b>SOCIALIZATION:</b> (Behavior):                                                                                                                    | _____           | _____     | _____           |
| Shows evidence of self-control, awareness of rules and consequences, plays cooperatively with peers, and responds appropriately to adult directions. |                 |           |                 |

Comments: \_\_\_\_\_

|                                                                                                                | Above Age Level | Age Level | Below Age Level |
|----------------------------------------------------------------------------------------------------------------|-----------------|-----------|-----------------|
| <b>EMOTIONAL:</b> 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: \_\_\_\_\_

|                                                                                                           | Above Age Level | Age Level | Below Age Level |
|-----------------------------------------------------------------------------------------------------------|-----------------|-----------|-----------------|
| <b>LANGUAGE:</b> (Oral Communication)                                                                     | _____           | _____     | _____           |
| Use of phrases and sentences with proper grammar and parts of speech; evidence of clear thought patterns. |                 |           |                 |

Comments: \_\_\_\_\_

|                               | Above Age Level | Age Level | Below Age Level |
|-------------------------------|-----------------|-----------|-----------------|
| <b>SPEECH</b> (Articulation): | _____           | _____     | _____           |

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

Comments: \_\_\_\_\_

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: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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**\*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 provide will assist us in providing the very best learning environment for this child.