

Pequannock Township School District

Preschool Teacher Questionnaire

Child's Name _____

Name & Address of Preschool Attending _____

Parent Authorization for Exchange of Information
Sign and return to the registrar who will forward to the designated preschool for completion.

I give my permission for _____
 (name of preschool) to provide the following information as it pertains to my child.

Signature of Parent or Guardian _____ **Date** _____

To be completed by the Preschool Teacher.

Please mark the appropriate box for each behavior described then return this completed form to the Pequannock Township School District Board of Education in the self-addressed, stamped envelope provided. We appreciate your input!

	Yes	No	Sometimes
1. Follows directions			
2. Completes classroom tasks			
3. Works independently			
4. Plays independently			
5. Works carefully			
6. Follows the school rules			
7. Has an adequate attention span			
8. Is easily distracted from task at hand			
9. Demonstrates a positive attitude towards school			
10. Interacts appropriately with other children			
11. Speaks in sentences during class with proper usage			
12. Freely speaks to peers and adults			
13. Is understood by teachers and peers			
14. Works up to his/her ability			
15. Exhibits self confidence			
16. Appears to be overly anxious or worried			
17. Appears to possess adequate large motor skills			
18. Appears to possess adequate small motor skills			

Signature of Preschool Teacher _____ **Date** _____

Should adjust well to Kindergarten

Might have difficulty adjusting to Kindergarten