

**Trumbull Public Schools
Preschool Information Sheet**

Child's Name _____ DOB _____

Address _____

Preschool Name _____ Teacher's Name _____

Please consider the following skill areas and check the appropriate item for the child listed above who is enrolled in your Preschool program. Feel free to add comments, indicating particular areas of strength or weakness that you have observed. Please circle any part of the description which is particularly difficult for the child.

| | Consistently Demonstrates | Making Progress | Needs More Time |
|--|------------------------------|--------------------|--------------------|
|--|------------------------------|--------------------|--------------------|

Gross Motor Skills: Child's ability to control body in relation to objects, balance, agility, and general coordination.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
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Comments: _____

Fine Motor Skills: Eye-hand coordination; ability to control small muscles of the hand for manipulation of pencil, scissors, small objects, early writing, and drawing

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| _____ | _____ | _____ |
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Comments: _____

Speech (Articulation): Control of oral musculature – teeth, tongue and lips to produce sounds that are audible and understandable by others.

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| _____ | _____ | _____ |
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Comments: _____

Language (Oral Communication): Use of phrases and sentences with proper grammar and parts of speech; evidence of clear thought patterns; willingness and ability to speak in front of others – children and teacher.

Comments: _____

Pre-Academic (Cognitive Skills): Knowledge of shapes, colors, numbers, letters, as well as the ability to grasp new concepts and apply previously taught skills

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Comments: _____

Pre-Academic Behavior: Willingness to attend to group discussion and instruction; ability to follow directions, work somewhat independently, and focus on the task; ability to control body for quiet listening.

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| _____ | _____ | _____ |
|-------|-------|-------|

Comments: _____

| | | |
|------------------------------|--------------------|--------------------|
| Consistently Demonstrates | Making Progress | Needs More Time |
|------------------------------|--------------------|--------------------|

Self-Help Skills: Ability to toilet, feed, and dress with minimal assistance, tie shoes, zip jacket, use snaps & buttons. _____

Comments _____

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

Comments: _____

Creativity: Ability to engage in imaginative play with other children and with toys, manipulatives, clay, etc.; exhibits curiosity and willingness to engage in new activities and with people and ideas. _____

Comments: _____

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: _____

1. Please list any specific concerns or comments regarding this child.

2. If you have any concerns, are the parents aware of them? What are the parents' feelings about these concerns?

3. At this time, do you feel it is necessary to be contacted by the school personnel for additional discussion about this child?

Please attach copies of any evaluations you have conducted on this child, or any other information you feel is pertinent to the child's success in kindergarten.

 Teacher's Signature

 Date