



PRESCHOOL/KINDERGARTEN CHECKLIST

Date: _____

This student is being/has been seen at Pediatric Therapy Institute for a diagnostic learning evaluation or therapy. The following information would be most helpful in interpreting his/her education profile and planning his/her individual education plan. **THIS CHECKLIST WAS PREPARED FOR STUDENTS IN PRESCHOOL/KINDERGARTEN.** Please call 303-649-9007 if you have any additional information you'd prefer to give by phone.

303-649-9007

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www.pediatrictherapyinstitute.com

STUDENT: _____

TEACHER: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: _____

Check days child attends: M T W TH F

Hours child attends: From: _____ To: _____

How long has child attended your school? _____

Class Size: Children: _____ Teachers (aides): _____

Is your school's program more strongly: Social Pre-Academic Equally Divided

Do you do Pre and Post Testing? _____ (please enclose sample form)

Is your program: Highly Structured Child Paced Combined

Please estimate this child's performance in comparison to others of his/her age at your school:

<u>Very Poor</u>		<u>Average</u>		<u>Excellent</u>
1	2	3	4	5
<u>Child's frustration tolerance</u>				
1	2	3	4	5
<u>Child's ability to follow directions</u>				
1	2	3	4	5
<u>Child's ability to work individually with a teacher</u>				
1	2	3	4	5
<u>Child's ability to get along with other children</u>				
1	2	3	4	5
<u>Child's ability to play creatively</u>				
1	2	3	4	5
<u>Child's self-help skills</u>				
1	2	3	4	5
<u>Child's number of friends</u>				
1	2	3	4	5

SCHOOL READINESS

<u>Very Poor</u>		<u>Average</u>		<u>Excellent</u>
1	2	3	4	5
<u>Child's cognitive abilities</u>				
1	2	3	4	5
<u>Child's language comprehension</u>				
1	2	3	4	5
<u>Child's verbal expression</u>				
1	2	3	4	5
<u>Child's fine motor abilities</u>				
1	2	3	4	5
<u>Child's knowledge of color concepts</u>				
1	2	3	4	5
<u>Child's gross motor abilities</u>				
1	2	3	4	5

BEHAVIOR

<u>Shyness</u>				
Very		Slightly		Friendly
1	2	3	4	5
<u>Attention Span</u>				
Distractible		Average		Very Attentive
1	2	3	4	5
<u>Effort</u>				
Indifference		Average		Good
1	2	3	4	5
<u>Activity Level</u>				
Sluggish		Average		Hyperactive
1	2	3	4	5

1. The best thing about this student's performance is: _____

2. The thing that worries me the most about this student's performance is: _____

3. Please give your general impressions of this child: _____

