



Northview Public Schools

Preschool Information for Incoming Kindergartners

To be completed by the Preschool Teacher

Child's Name _____ DOB: _____

Name of Preschool _____ Preschool Phone: _____

Preschool Teacher's Name: _____

In order to assist us with planning for the school experience for entering Kindergartners, **please have your child's preschool teacher fill out the following form and return** it as soon as possible.

Please circle answer:

Vision Normal?	Yes	No	Dominant Hand?	Right	Left	Undetermined
Hearing Normal?	Yes	No				
Speech Articulation Normal?	Yes	No				

Social/Emotional Development

	On Track	Needs More Time	
Interacts with teachers	_____	_____	Comments
Interacts appropriately with peers	_____	_____	
Is cooperative	_____	_____	
Willingly participates in group activities	_____	_____	
Follows and retains directions	_____	_____	
Has good listening skills during teacher directed time	_____	_____	
Has age appropriate communications skills	_____	_____	
Is willing to try new tasks	_____	_____	
Asks for help when needed	_____	_____	
Can take turns and share	_____	_____	
Follows classroom routine	_____	_____	
Stays focused on topic being discussed	_____	_____	
Handles bathroom needs	_____	_____	
Separates easily from parents	_____	_____	

Physical Development

Uses writing tools/scissors appropriately	_____	_____
Is able to write own name	_____	_____
Has good gross motor skills	_____	_____

Cognitive Development

Knows alphabet	_____	_____
Recognizes letters	_____	_____
Can count to 10	_____	_____
One-to-one correspondence	_____	_____
Number recognition to 10	_____	_____
Enjoys stories	_____	_____
Repeats patterns accurately	_____	_____

Recommendation for next year: Kindergarten DK (reason for recommendation/use reverse side if needed)

Name of Person Completing Form: _____ Title: _____