



Northview Public Schools
Preschool Information for Incoming Kindergartners
 (To be completed by current Preschool Teacher)

Child's Name _____

Date of Birth _____

Name of Preschool (if attended) _____

Preschool Teacher _____ Preschool Phone # _____

In order to assist us with planning for the school experience for entering Kindergarten, please have your child's preschool teacher complete the following form and return it during your screening appointment.

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

Physical Development:

Uses writing tools/scissors appropriately	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is able to write own name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has good gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cognitive Development:

Knows alphabet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recognizes letters	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can count to 10	<input type="checkbox"/>	<input type="checkbox"/>	_____
One-to one correspondence	<input type="checkbox"/>	<input type="checkbox"/>	_____
Number recognition to 10	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoys stories	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repeats patterns accurately	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations for next year: KINDERGARTEN DEVELOPMENTAL KDG(DK)
 Name of Person Completing Form: _____ Title: _____