

BROOKFIELD PUBLIC SCHOOL
PRESCHOOL INFORMATION SHEET

Parents: Please fill in your child's name, birth date, address, and the preschool he/she is attending. (If your child is not attending preschool this year, print "none".) Please sign the "release information" permission request and return this form with your packet.

Child's Name: _____

Date of Birth: _____

Address: _____

Preschool: _____

Address: _____

Permission for release of information

Parent's signature: _____

(This portion to be filled out by preschool teachers)

Preschool Teachers:

We have been informed that the above child is enrolled in your preschool program. Therefore, we ask that you please take a few moments to consider the following skill areas and check the appropriate item. Please feel free to add comments indicating particular strengths or weaknesses that you have observed.

	Above Age Level	Age Level	Below Age Level
SELF HELP SKILLS: Ability to toilet, feed, and dress with minimal assistance.	_____	_____	_____

Comments: _____

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

	_____	_____	_____
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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.

	_____	_____	_____
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Comments: _____

**Above Age
Level**

**Age
Level**

**Below Age
Level**

LANGUAGE: (Oral Communication): Use of phrases and sentences with proper grammar and parts of speech; evidence of clear thought patterns.

Comments: _____

SPEECH (Articulation): Control of oral in space and in relation to objects, balance, agility, and general coordination.

Comments: _____

GROSS MOTOR: Child's ability to control body in space and in relation to objects, balance, agility, and general coordination.

Comments: _____

FINE MOTOR: Eye-hand coordination; ability to control small muscles of the hand for manipulation of pencil, scissors, small objects, etc.

Comments: _____

PRE-ACADEMIC (Cognitive Skills): Willingness to attend to group discussion and instruction; ability to follow directions and work somewhat independently

Comments: _____

1. Please indicate any additional 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 to discuss this child further?

Please attach copies of any evaluations you have conducted on this child or other information you feel is pertinent.