



Preschool Assessment Form

Parents, please complete the following questions about your child. Thank you!

Parent's Name:

Child's Name:

On a scale from 1-5 in which 1 means "Never" and 5 means "Always" describe your child's current ability with the following.

- ___ 1. Our child uses the toilet without help from an adult.
- ___ 2. Our child can..
 - ___ a. Zip
 - ___ b. Use snaps
 - ___ c. Button him or herself
- ___ 3. Our child dresses him or herself.

- ___ 4. Our child voices clearly his or her needs.
- ___ 5. Our child plays well independently.
- ___ 6. Our child plays well with other children.
- ___ 7. Our child takes turns with toys.
- ___ 8. Our child completes tasks when asked.
- ___ 9. Our child initiates and completes tasks on his or her own.
- ___ 10. Our child uses aggressive behaviors when interacting with others.

More On Your Child

What does a normal day for your child look like?

Does he or she have medical allergies or needs that we need to be aware of? If so, please explain.

Does your child struggle with extreme fears or anxieties? If so, please explain.

Does he or she experience any speech problems or delays? If so, are there services being provided? Please explain.

Final Questions

Our child has shown interest in the following:

___ using scissors to cut ___ writing ___ coloring

___ drawing ___ reading books ___ counting numbers

___ naming numbers ___ naming letters of the alphabet

___ holding pencil with finger ___ cleaning up after him or herself

How many shapes can your child identify? _____

Please list which shapes:

Please check off the statements below as it applies to your child.

Our child can:

____ run

____ hop

____ skip

____ hop on one leg

____ throw a ball

____ catch a ball

What makes your child feel the happiest?

Are there rhythms or strategies used at home that your child responds really well to? If so, please explain.

Does he or she have favorite colors yet? If so, what are they?

How does your child like to be celebrated? (high five, words of praise, one-on-one time together, special notes, etc)