

# Preschool Assessment Forms

Name:

Teacher:

Age:

Date:

**Shape Recognition:**



**Color Recognition:**

red orange yellow green blue purple pink brown white black gray

**Capital Letter Recognition:**

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

**Lowercase Letter Recognition:**

a b c d e f g h i j k l m n o p q r s t u v w x y z

**Letter Sounds Recognition:**

a b c d e f g h i j k l m n o p q r s t u v w x y z

**Letter Sounds Recognition:**

1 2 3 4 5 6 7 8 9 10

Rote counts up to:  Counts objects up to:  Sorts by: color shape size

Yes No Almost

- Can make AB patterns
- Holds pencil/crayon correctly
- Uses scissors correctly

Yes No Almost

- Can spell own name
- Can spell own name

**Social/Emotional Skills:**

Yes No Almost

- Interacts with others
- Participates in group activities
- Respects teachers and rules
- Follows simple directions

Yes No Almost

- Takes turns with others
- Shares with others
- Cleans up after themselves

Notes: