Preschool Assessment

Child's Name _

Checklist

Teacher		Dates Attended		
	information provided will assist in plann d's educational program.	ing each		
CIIII	a's educational program.			
Fir	ne Motor Skills	Independent	With Help	N/A
1.	Holds pencil/crayon with fingers (not fisted)			
2.	Cut out with scissors			
3.	Can draw a person			
4.	Zips and buttons			
5.	Ties shoes and laces			
Co	mments:			
Co	mments:			
Со	mments:			
	cial/Emotional Development	Independent	With Help	N/A
		Independent		N/A
Soc	cial/Emotional Development	Independent		N/A
Soc 1.	Cial/Emotional Development Works and plays well with others	Independent		N/A
1. 2.	Cial/Emotional Development Works and plays well with others Follows classroom rules	Independent		N/A
1. 2. 3.	Works and plays well with others Follows classroom rules Displays sele-control	Independent		N/A
1. 2. 3. 4.	Works and plays well with others Follows classroom rules Displays sele-control Participates in group activities	Independent		N/A
1. 2. 3. 4. 5.	Works and plays well with others Follows classroom rules Displays sele-control Participates in group activities Cooperative	Independent		N/A
1. 2. 3. 4. 5. 6.	Works and plays well with others Follows classroom rules Displays sele-control Participates in group activities Cooperative Adjust to new situations	Independent		N/A
1. 2. 3. 4. 5. 6. 7. 8.	Works and plays well with others Follows classroom rules Displays sele-control Participates in group activities Cooperative Adjust to new situations Separates from parents without distress	Independent		N/A
1. 2. 3. 4. 5. 6. 7. 8.	Works and plays well with others Follows classroom rules Displays sele-control Participates in group activities Cooperative Adjust to new situations Separates from parents without distress Shows self-confidence	Independent		N/A

Preschool _____ Date of Birth____