

Please place a check mark below in the appropriate column regarding student's development.
Key: (G) = Good (S) = Satisfactory (N) = Needs Improvement

(G) (S) (N)

- | | | | |
|-----|-----|-----|---------------------------------------------------------|
| ___ | ___ | ___ | Follows and complies with teacher's oral instruction |
| ___ | ___ | ___ | Works cooperatively with teacher |
| ___ | ___ | ___ | Works cooperatively with peers |
| ___ | ___ | ___ | Expresses himself/herself w/ age appropriate language |
| ___ | ___ | ___ | Enunciates words clearly |
| ___ | ___ | ___ | Stays on task such as cut & paste, coloring, or tracing |
| ___ | ___ | ___ | Cuts on a straight line with scissors |
| ___ | ___ | ___ | Uses a glue stick for pasting |
| ___ | ___ | ___ | Arrives at school time |
| ___ | ___ | ___ | Is able to transition between activities with ease |
| ___ | ___ | ___ | Is prepared for school activities in the morning |
| ___ | ___ | ___ | Separates well from parent(s) in the morning |
| ___ | ___ | ___ | Is enthusiastic about learning |
| ___ | ___ | ___ | Likes to participate in group activities |
| ___ | ___ | ___ | Has a good appetite |

How long has this student been attending preschool at this location?

How many days per week does this student attend? _____

How many hours per day does this student attend? _____

Other comments or observations:

The above information is true to the best of my knowledge.

Teacher/Director Signature _____

Date _____