



Please describe any areas in which this child needs help (e.g. toileting, classroom behavior).

Please describe strategies or accommodations that work well for this child.

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### **Cognitive and Physical Development**

1. Can this child identify letters?  
 None       Few       Many       All       Don't Know
2. Does this child show developmentally appropriate fine motor skills (for example, use scissors, grip pencil, etc.)?  
 Yes       No       Don't Know
3. Can this child recognize numbers 1-10?  
 None       Few       Many       All       Don't Know
4. Can this child write symbols to create meaning?  
 Yes       No       Don't Know
5. Can this child read?  
 Yes       No       Don't Know

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### **Language Development**

1. How often does this child communicate clearly?  
 Most of the time       Some of the time       Never
2. How often does this child use sentences to communicate?  
 Most of the time       Some of the time       Never

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### **Special Needs**

1. Does this child have an Individual Education Plan (IEP)?    Yes    No    Don't Know
2. What services has this child received?
3. Please describe this child's learning style.

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### **Special Interests / Strengths**

1. Please describe this child's favorite activities.
2. Please describe this child's strengths.
3. What would you like another teacher to know about this child? (For example: family situation, personality, behavior, living arrangements, etc.)