

g. Follow two-step directions?

Most of the time

Some of the time

Never

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.

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

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

Special Needs

1. Does this child have an Individual Education Plan (IEP)? Yes No Don't Know.

2. What services has this child received and/or what support strategies have you implemented?

3. Please describe this child's learning style.

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.)