



Developmental Pediatrics

Office: (914) 304-5250 Fax: (914) 345-1752

PRE-1ST GRADE REPORT FORM

Child's Name _____

DOB _____ PROGRAM _____

I. TYPE: Day Care () Head Start () Nursery () Kindergarten ()

Special needs class? _____ or Regular Curriculum Class?

Number of children in the class? _____ How many
adults? _____

Are any of the following provided: () OT () PT () Speech () ABA () Counseling

II SPEECH AND LANGUAGE:

A. Does this child speak and understand English? Yes () No ()

Is this child bilingual? Yes () No () In which language?

Is second language better than English? Yes () No ()

B. Child's communication can be most typically be described as (Please check one)

Spontaneous and meaningful _____ Perseverative _____

Overtalkative _____ Inadequate _____

Others _____

C. Comprehension:

Does your child appear to understand

What is said to him? _____ Yes _____ No

Does your child follow directions? _____ Yes _____ No

Does your child require gesture to follow directions? _____ Yes _____ No

D. Expressive Language

Does your child use short phrases Yes () No ()

Does your child use complete sentences? Yes () No ()

Comments: _____



III BEHAVIOR: (Only for children above 4 years of age):

Would you say that this child displays a lack of attention such as often:

1. "On the go" or "driven by a motor": 1. Yes____ No____
2. Difficulty engaging in quiet activities: 2. Yes____ No____
3. Fidgeting/squirming: 3. Yes____ No____
4. Has difficulty staying seated: 4. Yes____ No____
5. Restlessness: 5. Yes____ No____
6. Runs about and excessively and
Inappropriately: 6. Yes____ No____
7. Talks excessively: 7. Yes____ No____
8. Blurts out answers before questions
completed: 8. Yes____ No____
9. Has difficulty awaiting turn: 9. Yes____ No____
10. Interrupts or intrudes on others: 10. Yes____ No____
11. Avoids tasks which require sustained
mental effort: 11. Yes____ No____
12. Has difficulty organizing tasks and
activities: 12. Yes____ No____
13. Has difficulty sustaining attention
in tasks or play activities: 13. Yes____ No____
14. Does not seem to listen: 14. Yes____ No____
15. Is easily distracted: 15. Yes____ No____
16. Is forgetful in daily activities: 16. Yes____ No____
17. Loses necessary items such as school
books and materials: 17. Yes____ No____
18. Fails to give close attention
to detail or makes careless mistakes: 18. Yes____ No____
19. Has difficulty following through on
instructions from others: 19. Yes____ No____



IV: SOCIAL SKILLS AND PEER INTERACTIONS: (All children):

- | | | | |
|--------------------|-----|------------------------------------|-----|
| Initiates contact | () | Disinterested in others | () |
| Provokes others | () | Liked by others | () |
| Disliked by others | () | Has friends | () |
| Plays with peers | () | Plays mostly with younger children | () |

Comments: _____

V SELF HELP:

	Dependent	Needs Help	Independent
Toileting	_____	_____	_____
Feeding	_____	_____	_____
Dressing	_____	_____	_____
Washing	_____	_____	_____

VI ADDITIONAL COMMENTS:

Please compare this child to other children his/her age and how this child may be “different” and include any other additional comments you may have:

Signature _____

Title _____ Date _____



Boston Children's Health Physicians
Until every child is well™
formerly CWPW

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