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:
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 ________________________________