

**STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS**

Please return to Helen H. Hansen Elementary, 1800 Central Street, Stoughton, MA 02072.

I give permission for _____ to release information about my child.
Name of Preschool

Parent's Signature

Dear Preschool Teachers,

Please take the time to complete this teacher assessment form. This part of our kindergarten registration will help us to know the child better. Please mail the form in the provided envelope and return to the South School. Thank you for your time.

PRE-SCHOOL TEACHER ASSESSMENT FORM

CHILD'S NAME _____ D.O.B.: _____

Statement of child's progress in school: _____

Child's Strengths: _____

Child's Weaknesses: _____

Do you have any concerns about this child's ability to be successful in kindergarten? Please be specific, with respect to areas such as readiness skills, social-emotional development, attention span, etc. _____

Does the child demonstrate age appropriate skills in the following areas? Please rate.

| | <u>Rarely</u> | <u>Sometimes</u> | <u>Consistently</u> |
|---------------------------------------|---------------|------------------|---------------------|
| Readiness skills | _____ | _____ | _____ |
| Attention during the following: | _____ | _____ | _____ |
| circle/large | _____ | _____ | _____ |
| group activities | _____ | _____ | _____ |
| free play | _____ | _____ | _____ |
| structured activities | _____ | _____ | _____ |
| gross motor activities | _____ | _____ | _____ |
| Task completion | _____ | _____ | _____ |
| Organization | _____ | _____ | _____ |
| Memory | _____ | _____ | _____ |
| Motivation | _____ | _____ | _____ |
| Peer relationships | _____ | _____ | _____ |
| Teacher-student relationships | _____ | _____ | _____ |
| Self-control/Impulsivity | _____ | _____ | _____ |
| Fearfulness | _____ | _____ | _____ |
| Anxious | _____ | _____ | _____ |
| Activity level | _____ | _____ | _____ |
| Follows 1-step directions | _____ | _____ | _____ |
| Follows 2-step directions | _____ | _____ | _____ |
| Follows rules | _____ | _____ | _____ |
| Follows routines | _____ | _____ | _____ |
| Verbally expresses self | _____ | _____ | _____ |
| Pronounces most sounds | _____ | _____ | _____ |
| Is understood by unfamiliar listener | _____ | _____ | _____ |
| Accepts children in his space | _____ | _____ | _____ |
| Plays with other children | _____ | _____ | _____ |
| Plays appropriately with: | _____ | _____ | _____ |
| puzzles, blocks, construction toys | _____ | _____ | _____ |
| Uses crayons or pencils | _____ | _____ | _____ |
| Draws or writes rather than scribbles | _____ | _____ | _____ |
| Throws/catches ball | _____ | _____ | _____ |
| Social/Emotional Adjustment | _____ | _____ | _____ |
| Gross motor skills | _____ | _____ | _____ |

How long can the child attend to activities:
 Circle one: 5-10 min. 10-15 min. 15-20 min.

How would you rate the child's attendance? _____

Other comments: _____

Signature: _____ Date : _____

Position: _____ School: _____