



2009 PRE-K OBSERVATION FORM

Child's Demographic Information-Parent or Guardian to Complete

1. Child's Name		2. Today's Date	
3. School Name		4. Child's Birthday __/__/____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Family Questions:	
6. How many hours of sleep does your child get each night?	<input type="checkbox"/> 0-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11-15
7. How many days a week do you read with your child?	<input type="checkbox"/> 0-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-7
8. What is your child's primary language?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
9. Names of siblings (ages):	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____
10. What does your child do when she/he is:	
Angry:	_____
Happy:	_____
Frustrated:	_____
11. How do you discipline your child?	

Health Questions:	Yes	No
12. Does your child eat breakfast?		
13. Does your child have health insurance?		
14. Has your child had a developmental screen in the last 12 months?		
15. Do you have any concerns about your child's speech, hearing, or learning? Please describe: _____		
16. Does your child have any special needs or disabilities? Please describe: _____		
17. Does your child have dental insurance?		

Education Care and Education Questions:	Yes	No
18. Has your child participated in any of the following programs?		
A part-time or full-time preschool/daycare		
Head Start or Early Head Start Program		
State Preschool		
Parent Participation Preschool		
Summer Transitional (Kinder Camp)		
Other Program: _____		

Transition Questions:	Yes	No
<i>I give my permission for the Kindergarten Teacher to contact my early care and education teacher.</i> Parent Signature: _____		
Early Care and Education Teacher's Name:		
Program Name:	Phone Number:	

Child's Name _____

How would you rate your child's skill, knowledge, and behaviors in terms of the following:

Fully Mastered -Demonstrates skill, knowledge, behavior consistently and competently.

Almost Mastered – Demonstrates skill, knowledge, and behavior occasionally and somewhat competently but has room for improvement.

Emerging – Child is just beginning to demonstrate skill, knowledge, and behavior.

Not Yet – Child does not demonstrate skill, knowledge, or behavior.

Not observed

	Fully Mastered	Almost Mastered	Emerging	Not Yet	Not Observed
Listens to a story for more than 10 minutes					
Likes to play with other children					
Other children like to play with your child					
Can follow rules and directions					
Shows an interest in new situations, such as toys, books, people					
Shows concerns for others feelings					
Moves from one activity to another without difficulty, such as from playing to meal time					
Can count to 20 or more					
Knows basic shapes					
Knows most letters of the alphabet					
Identifies primary colors					
Can toilet and wash hands by self					
Uses words to describe feelings and communicates needs and wants, verbally in child's primary language					

Thank you for completing this information. Please return all forms to the elementary school with your child's kindergarten enrollment materials.