

**PRE-SCHOOL TEACHER'S EVALUATION**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: \_\_\_\_\_

TYPE:  Day Care  Head Start  Nursery  Special/Other Type: \_\_\_\_\_

How many children in the class? \_\_\_\_\_

Are there children with special needs in the class?  Yes  No

Age range of children in the class? \_\_\_\_\_

Please compare this child to other children his/her age:

\_\_\_\_\_  
\_\_\_\_\_

Does the child receive any special service? (Describe)

\_\_\_\_\_  
\_\_\_\_\_

**I. PHYSICAL DEVELOPMENT**

A. Appearance:  Normal  Abnormal

Please describe: \_\_\_\_\_

\_\_\_\_\_

B. Physical Disability or Deformities: (Describe)

\_\_\_\_\_

\_\_\_\_\_

C. Sensory Disability: Visual/Auditory: (Describe)

\_\_\_\_\_

\_\_\_\_\_

D. Comments: \_\_\_\_\_

**II. COORDINATION:**

	Good	Fair	Poor	Please describe: _____
a. Gross Motor	_____	_____	_____	
b. Fine Motor	_____	_____	_____	_____
c. Drawing	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			_____

E. Comments: \_\_\_\_\_

\_\_\_\_\_

III. **SUGGESTION OF PERCEPTUAL PROBLEMS?**  Yes  No

If yes, please describe: \_\_\_\_\_

IV. **SPEECH AND LANGUAGE**

A. Does child speak and understand English?  Yes  No

Is child bilingual?  Yes  No In which language? \_\_\_\_\_

Is second language better than English?  Yes  No

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

Spontaneous and meaningful  Inhibited  Over talkative  Inadequate

Other: \_\_\_\_\_

C. **Speech:**  Normal  Some articulation error  Difficult to understand  Unintelligible

D. Comprehension:	Never	Sometimes	Usually
Does child appear to understand what is said to him?			
Does child follow directions?			
a. Only with gestures?			
b. Even without gestures?			

E. Expressive Language:	Never	Sometimes	Usually
Does child use complete sentence?			
Does child use age-appropriate vocabulary			

Comments: \_\_\_\_\_

V. **BEHAVIOR AND AFFECT**

<input type="checkbox"/> Moody: _____	<input type="checkbox"/> Disorganized: _____	<input type="checkbox"/> Hyperactive: _____
<input type="checkbox"/> Nervous: _____	<input type="checkbox"/> Aggressive: _____	<input type="checkbox"/> Uncontrollable: _____
<input type="checkbox"/> Disobedient: _____	<input type="checkbox"/> Shy: _____ <input type="checkbox"/> Quiet: _____	<input type="checkbox"/> Sad: _____
<input type="checkbox"/> Impulsive: _____	<input type="checkbox"/> In a World of His Own: _____	<input type="checkbox"/> Angry: _____
<input type="checkbox"/> Low Frustration Tolerance: _____	<input type="checkbox"/> Fearful: _____	<input type="checkbox"/> Talkative: _____
<input type="checkbox"/> Slow: _____	<input type="checkbox"/> Happy: _____	<input type="checkbox"/> Lethargic: _____
<input type="checkbox"/> Immature: _____	<input type="checkbox"/> Disruptive: _____	<input type="checkbox"/> Distractible: _____
	<input type="checkbox"/> Variable: _____	

Please describe unusual or deviant behavior: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

VI. **SOCIAL SKILLS:**

A. Relationship to Teacher (Adults)

- Eager to please  Complaint  Cooperative  Resistant  Unable to accept discipline  
 Needs constant prodding, attention

B. Peer Relations

- Initiates contact  Disinterested in other children  Provokes other children  Has Friends  
 Dislike by other children  plays with younger children  Plays with other children

Comments: \_\_\_\_\_

VII. **PLAY/PATTERN:**

- Participates in group activities  Play creatively  plays as a younger child  
 Prefers playing alone  Needs adult supervision to stay with an activity  Initiates activities  
 Can work independently  can show and take turns  Attentive to stories

Comments: \_\_\_\_\_

		Completely Dependent	Needs Some Help	Completely Independent
VIII. SELF HELP	Toileting			
	Feeding			
	Dressing			
	Washing			

IX. **COMMENTS:**

A. Like what age does the child act? \_\_\_\_\_

B. Do you feel this child is "Different" form other children? Why? \_\_\_\_\_

C. Do you feel this child needs special education? Why? \_\_\_\_\_

D. Additional comments: Please feel free to elaborate on any the above points or add other information

You feel is relevant: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*If you wish to be contacted please indicate your telephone # and a convenient time / day that you can be reached. Day / Time: \_\_\_\_\_*