

PRESCHOOL EVALUATION

School Name:	Child's Name:						EVALUATION KEY		
Address:	Teacher's Name:				E = Excellent S = Satisfactory NI = Needs Improvement DV = Developing NY = Not Yet				
Phone Number:	Attendance: I was absent ____ days during the Fall I was absent ____ days during the Spring								
READING READINESS	Fall	Spring	GENERAL KNOWLEDGE	Fall	Spring	VISUAL / MOTOR DEVELOPMENT	Fall	Spring	
I like to look at books and pictures			I can recognize my name			I can throw and catch			
I have a sense of left to right progression			I know the 8 basic colors			I can jump / hop / skip			
I can recite the alphabet clearly			I know my address			I can balance on one foot			
I recognize these letters: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z			I know my phone number			I can hold my pencil/crayon correctly			
I can recognize these sounds: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z			I know my birthday			I can use scissors correctly			
			I know the days of the week			I can trace			
			I know the months of the year			I can color within the lines			
						I can use glue			
MATH READINESS			Fall Comments:			Spring Comments:			
I can count to:									
I recognize these numbers: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20									
I know the basic shapes									
I can sort objects by size, shape, color									
SOCIAL / EMOTIONAL DEVELOPMENT									
I enjoy playing with others									
I can control my behavior									
I participate in classroom routines									
I sit in a group and listen									
I can follow directions									
I like to talk to the teachers									
I share experiences with the class									
I can wait my turn									
I clean up after work and play									
I am willing to help my classmates									

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