|  |  |  |  |
| --- | --- | --- | --- |
| **Social Skills:** | hasn’t tried yet  avoids | is currently  working on | does all the  time on own |
| Chooses to verbally express both positive and negative feelings |  |  |  |
| Plays well with others |  |  |  |
| Seeks attention of others in an appropriate manner |  |  |  |
| Does things for him/herself (dresses self, tidies belongings, bathroom needs) |  |  |  |
| Follows through when you give directions |  |  |  |
| Attempts new tasks, acknowledging it’s okay to make mistakes |  |  |  |

**Please choose the response that best fits your child**

|  |  |  |  |
| --- | --- | --- | --- |
| **Developmental Skills:** | hasn’t tried yet  avoids | is currently  working on | does all the  time on own |
| Writes first name with an uppercase at the beginning (the rest is lowercase) |  |  |  |
| Cuts with scissors on lines |  |  |  |
| Counts 4-10 objects correctly |  |  |  |
| Pretends to read by looking at pictures |  |  |  |
| Draws a person (without help) with all body parts (head, body, arms legs, face) |  |  |  |
| Recognizes first name in print |  |  |  |
| Ties Shoes |  |  |  |

Child lives with:  mother  step-mother  grandparent(s)

 father  step-father  foster parent

 pets  siblings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student has attended preschool: no yes where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student had previously or is currently receiving special services:

 Speech  Counseling  Physical Therapy

 Occupational Therapy  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Check all that apply

More Info: