

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 know my birthday			I can use scissors 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 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								
I can count to:			Fall Comments:	Spring Comments:				
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								