

Acton-Boxborough Regional School District
Pre-Kindergarten Assessment Form

Child's Name: _____ Date: _____

DOB: _____ Gender: M ___ F ___ Assigned Public School: _____

Form Completed By: _____

Preschool/Childcare Program: _____

days/week: _____ full/half days: _____

ELL yes ___ no ___ if so, language: _____

Using the following scale, please circle the appropriate number and add any comments which will help in facilitating this student's entry, adjustment to and progress in Kindergarten. Thanks!

1 Consistently 2 Usually 3 With Support 4 Seldom

					<i>comments</i>
Attentive in large group Group Size:	1	2	3	4	
Attentive in small group Group Size:	1	2	3	4	
Participates appropriately in groups	1	2	3	4	
Waits his/her turn from teacher	1	2	3	4	
Independently follows class routines	1	2	3	4	
Follows class rules	1	2	3	4	
Comfortable in busy learning environment	1	2	3	4	
Responsible for own belongings	1	2	3	4	
Independent with dressing/ fasteners	1	2	3	4	
Demonstrates foundation for more complex knowledge	1	2	3	4	
Enjoys books	1	2	3	4	
Prints own name	1	2	3	4	
Uses scissors as expected	1	2	3	4	

Child's name: _____

Chooses fine motor experiences	1	2	3	4
Demonstrates appropriate gross motor skills	1	2	3	4
Speech is intelligible	1	2	3	4
Verbally expresses ideas	1	2	3	4
Follows 2 step directions without visual supports	1	2	3	4
Engages in cooperative play	1	2	3	4
Initiates activities within peer group	1	2	3	4
Seeks adult attention appropriately	1	2	3	4
Accepts suggestions/directions from adult	1	2	3	4
Open to new experiences	1	2	3	4
Demonstrates stamina to attend through school day	1	2	3	4

Handedness R ___ L ___ undecided ___

Appropriate Grasp refined pincer ___ pincer emerging ___ fistled ___ other: _____

What are this student's favorite play choices?

Teacher Comments:

Parent Comments:

_____ I authorize my child's Preschool/Childcare Program to forward this document to the Acton-Boxborough Regional School District.

Parent Signature: _____

Date 4/10/15