**Preschool Child Assessment Form**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Skill Development Table:**

| **Skill Area** | **Skill Observed** | **Needs Improvement** | **Not Applicable** |
| --- | --- | --- | --- |
| **Recognizing Letters** | **☐** | **☐** | **☐** |
| **Counting to 10** | **☐** | **☐** | **☐** |
| **Drawing Shapes** | **☐** | **☐** | **☐** |
| **Sharing with Peers** | **☐** | **☐** | **☐** |
| **Following Directions** | **☐** | **☐** | **☐** |
| **Matching Objects** | **☐** | **☐** | **☐** |
| **Expressing Emotions** | **☐** | **☐** | **☐** |
| **Listening in Group Settings** | **☐** | **☐** | **☐** |

**Overall Observation:**

**Recommendations for Parents:**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**