

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing Shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing Emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening in Group Settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Observation:

Recommendations for Parents:

Parent Signature: _____

Teacher Signature: _____