

Watertown Public Schools ~ Preschool/Childcare Provider Summary Report

This form should be completed by your child's preschool teacher or childcare provider only.

Name of child: _____ Date of Birth: _____
 School your child will be attending: ____ Cunniff ____ Hosmer ____ Lowell
 Teacher's name: _____ I have known this child for ____ years ____ months.
 Preschool/Childcare facility: _____
 Number of children in class: _____ Age Range: _____ Number of days in attendance: _____

Dear childcare provider: Thank you for your help in completing this form. It is used to assist with transition planning for Kindergarten. We are aware that children are constantly changing and developing. We appreciate your observations and descriptive comments, as they assist us in getting to know each individual child. **Please include a copy of the child's most recent progress report and, with parent permission, please include any other information you feel may be pertinent.**

Section I: Social/Emotional Development (please place a check on the line that best describes the child)

	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Possible Area of Concern	Comments
Separates easily from parent/guardian					
Accepts adult limits					
Initiates play with peers					
Share and cooperates in play with peers					
Changes activities or routines without difficulty					
Demonstrates increasing independence including when dressing him/herself, using the bathroom, and feeding					

Section II: Speech and Language Development Including Early Literacy Skills (please place a check on the line that best describes the child)

	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Possible Area of Concern	Comments
Understands most of what is verbalized by peers or teachers in large or small group activities					
Child's speech is intelligible in most contexts					
Is able to retell stories and / or personal experiences					
Is familiar with the forms of the alphabet and understands that print has meaning					
Uses emergent writing skills to make letters in many settings and for many purposes					
Is able to follow two- or three-step instructions					
Is able to engage meaningfully in a challenging activity					

Section III: Cognitive Development (please place a check on the line that best describes the child)

	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Possible Area of Concern	Comments
Is able to engage meaningfully in a high interest task					
Is able to attend to an adult-directed activity for 10 – 15 min. (ex: circle time)					

Says names of numbers through 10 or beyond in meaningful context					
Sorts objects by 2 attributes (color, shape)					
Identifies and draws basic shapes found in their environment (circle, square, triangle, rectangle)					

Section IV: Motor Development (please place a check on the line that best describes the child)

	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Possible Area of Concern	Comments
Uses developmentally appropriate finger grasp					
Is able to control writing materials					
Uses scissors adequately					
Throws and catches large ball					
Alternates the left and right sides of the body; crosses the midline of the body					
Easily tolerates a variety of stimuli (ex: loud sounds, textures, touch)					
Is aware of personal boundaries and space					
Is independently able to maintain a sitting position at circle time					
Independently demonstrates gross-motor abilities (ex: running, climbing)					
Demonstrates strength, balance and coordination (ex: hop on one foot, gallop, balance on a beam)					

Section V: Comments

Please comment on the child's ability to meet the expectations of your program: _____

Does this child require frequent adult attention and/or assistance? ____ Yes ____ No

Please comment on the child's individual learning style: _____

Describe what instructional strategies are most effective for this child: _____

Additional Comments: _____

Thank you for taking the time to fill out this report. It will help us a great deal in our evaluations, placement, and transition process for this child. If you are available for further consultation please provide your contact information.

PHONE: _____ EMAIL: _____