

Child Assessment Report

DISCOVER FIRST STEP PVT. LTD.

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Child's Name _____ Sex _____

Name usually called: _____ Birthdate: _____

Present School: _____ Phone: _____

Currently attends: # of days per week: _____ Hours per day: _____

Date of Admit: _____ How long have you known this child? _____ Date of this Rpt.: _____

Report submitted by: _____ Title: _____

Parent's Name(s): _____

Address: _____ Zip: _____ Phone: _____

Language spoken at home: _____ Does child speak other language? _____

| CATEGORY | AREA OF STRENGTH | AGE APPROPRIATE | PROGRESSING TOWARDS AGE APPROPRIATE | AREA OF CONCERN | N/A |
|---|------------------|-----------------|-------------------------------------|-----------------|-----|
| PHYSICAL DEVELOPMENT | | | | | |
| Gross motor coordination | | | | | |
| Participates in physical group activities | | | | | |
| Gait, fluidity, smoothness of movement | | | | | |
| Small motor coordination | | | | | |
| Participates in small motor activities | | | | | |
| Works with Playdoh, clay, water, sand | | | | | |
| Builds with blocks or manipulatives | | | | | |
| Draws, paints or glues | | | | | |
| Uses implements (forks/spoons) to feed self | | | | | |
| General Health | | | | | |
| PERCEPTUAL DEVELOPMENT | | | | | |
| Completes puzzles (how many pieces?) | | | | | |
| Notices, creates, replicates patterns | | | | | |
| Recognizes written name | | | | | |

Comment: What are the child's favorite large motor activities?

What are the child's favorites small motor or perceptual activities?

| CATEGORY | AREA OF STRENGTH | AGE APPROPRIATE | PROGRESSING TOWARDS AGE APPROPRIATE | AREA OF CONCERN | N/A |
|---|------------------|-----------------|-------------------------------------|-----------------|-----|
| SOCIAL/EMOTIONAL DEVELOPMENT | | | | | |
| Separation from Parents/Caregivers | | | | | |
| Displays confidence | | | | | |
| Accepts limits/boundaries | | | | | |
| Willingly follows directions individually | | | | | |
| Willingly follows directions in group | | | | | |
| Displays impulse control | | | | | |
| Engages with peers (describe below) | | | | | |
| Engages with adults (describe below) | | | | | |
| Makes eye contact | | | | | |
| Resolves conflicts/disputes verbally | | | | | |
| Respects self—own property | | | | | |
| Respects others—their property | | | | | |
| Tolerates frustration –self chosen activity | | | | | |
| Tolerates frustration –assigned activity | | | | | |
| Appreciates humor —appropriately silly | | | | | |
| Ability to focus on activity | | | | | |
| Cooperative attitude | | | | | |
| Makes transitions easily | | | | | |
| Reacts positively to new events/change | | | | | |

Comment: How would you describe the child's temperament?

What activities does the child especially enjoy?

Please describe the quality of this child's interactions with **classmates**: Does the child play with children of both genders, show a preference for group or individual activities? Is the child a leader, follower, observer? Is the child kind to and considerate of other children?

Please describe the quality of this child's interactions with **adults**:

| CATEGORY | AREA OF STRENGTH | AGE APPROPRIATE | PROGRESSING TOWARDS AGE APPROPRIATE | AREA OF CONCERN | N/A |
|---|------------------|-----------------|-------------------------------------|-----------------|-----|
| INTELLECTUAL DEVELOPMENT | | | | | |
| Receptive Skills | | | | | |
| Ably follows directions given to a group | | | | | |
| Ably follows directions given individually | | | | | |
| Converses with adults and children | | | | | |
| Expressive Skills | | | | | |
| Clear articulation (describe) | | | | | |
| Fluency of expression (as opposed to stammering) | | | | | |
| Vocabulary: uses precise words as opposed to fillers ('uhms') | | | | | |
| Remembers classmates/teachers' names | | | | | |
| Remembers and recites nursery rhymes | | | | | |
| Remembers and retells events/stories in sequence | | | | | |
| Creates dramatic play scenarios | | | | | |
| Asks why, how come questions | | | | | |
| Emergent Literacy | | | | | |
| Handles, browses, looks over books | | | | | |
| Enjoys being read to/asks to be read to | | | | | |
| Acts out favorite stories (books/media) | | | | | |
| Emergent Math | | | | | |
| Sorts objects in categories (animal/plant) | | | | | |
| Grades objects by size | | | | | |
| Names colors or shapes in environment | | | | | |
| Uses size comparison | | | | | |
| Understands over, under | | | | | |

Comment: Please comment on the child's language and speech development. Has the child been recommended for speech or language evaluation or therapy? Any idiosyncratic language? (Please be specific.)

Please comment briefly on any physical, social-emotional, or intellectual strengths or concerns, including general health.

FAMILY

Is there anything significant about the home life which will help us understand this child? (new baby, move, divorce/separation)

Have all financial obligations been met?

Have you received active cooperation from the parents?

To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?

Please describe parent's involvement with the school:

Name: _____ Signature: _____
(Please Print)

Position: _____ Date: _____