

Joseph R. Dawe Elementary School
131 Pine Street
Stoughton, MA 02027
Phone: 781-344-7007
Fax: 781-344-8271

March, 2017

Dear Preschool Director,

Child' name: _____

D.O.B.: _____

has registered for kindergarten in the Stoughton Public Schools for September, 2017. As part of the kindergarten registration process, the school system would like a copy of this child's current preschool progress report. It would be appreciated if you could give the parent a copy of his/her child's progress for the school system.

Thank you.

Sincerely,

David Barner
Principal

**STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS**

(Please return to Dawe Elementary School, 131 Pine St., Stoughton, MA 02072, no later than April 12, 2017.)

I give permission for _____ to release information about my child.
Name of Preschool

Parent's Signature

Dear Preschool Teachers,

Please take the time to complete this teacher assessment form. This part of our kindergarten registration will help us to know the child better. Please mail the form in the provided envelope and return to us by April 12. Thank you for your time.

PRE-SCHOOL TEACHER ASSESSMENT FORM

CHILD'S NAME _____ D.O.B.: _____

Statement of child's progress in school: _____

Child's Strengths: _____

Child's Weaknesses: _____

Do you have any concerns about this child's ability to be successful in kindergarten?
Please be specific, with respect to areas such as readiness skills, social-emotional
development, attention span, etc. _____

Does the child demonstrate age appropriate skills in the following areas? Please rate.

	<u>Rarely</u>	<u>Sometimes</u>	<u>Consistently</u>
Readiness skills	_____	_____	_____
Attention during the following:	_____	_____	_____
circle/large	_____	_____	_____
group activities	_____	_____	_____
free play	_____	_____	_____
structured activities	_____	_____	_____
gross motor activities	_____	_____	_____
Task completion	_____	_____	_____
Organization	_____	_____	_____
Memory	_____	_____	_____
Motivation	_____	_____	_____
Peer relationships	_____	_____	_____
Teacher-student relationships	_____	_____	_____
Self-control/Impulsivity	_____	_____	_____
Fearfulness	_____	_____	_____
Anxious	_____	_____	_____
Activity level	_____	_____	_____
Follows 1-step directions	_____	_____	_____
Follows 2-step directions	_____	_____	_____
Follows rules	_____	_____	_____
Follows routines	_____	_____	_____
Verbally expresses self	_____	_____	_____
Pronounces most sounds	_____	_____	_____
Is understood by unfamiliar listener	_____	_____	_____
Accepts children in his space	_____	_____	_____
Plays with other children	_____	_____	_____
Plays appropriately with:			
puzzles, blocks, construction toys	_____	_____	_____
Uses crayons or pencils	_____	_____	_____
Draws or writes rather than scribbles	_____	_____	_____
Throws/catches ball	_____	_____	_____
Social/Emotional Adjustment	_____	_____	_____
Gross motor skills	_____	_____	_____

How long can the child attend to activities:
 Circle one:

5-10 min. 10-15 min. 15-20 min.

How would you rate the child's attendance? _____

Other comments: _____

Signature: _____ Date : _____

Position: _____ School: _____