

Preschool Teacher Input Sheet

(To be completed by your child's Preschool Teacher)

Student Name _____

Teacher _____ Preschool _____

Date _____

How long have you worked with the student? _____

How many times a week? _____ Full day? _____ Half day? _____

Please respond to the questions by checking off the category that best describes the student.

	Sometimes	Always	Never
Follow directions			
Responds positively to an authority figure			
Gets along well with others			
Demonstrates age appropriate fine motor skills			
Demonstrates age appropriate gross motor skills			
Separates easily from parent/guardian			
Learns new information easily			
Retains what has been taught			
Is inquisitive about new experiences			
Clearly expresses ideas in a verbal form			
Makes friends easily			

Is there any special information or situation that should be considered in placing this child in kindergarten?
