

DEVELOPMENTAL PEDIATRIC
ASSOCIATES

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PRESCHOOL/KINDERGARTEN PROGRESS REPORT

Name:

Date Completed:

DOB:

Age:

Teacher:

1. Please describe your concerns about this child:

2. Please describe the child's strengths.

3. Describe speech/language skill.

4. Note usual sentence length.

5. Are there any other problems understanding the child's speech?

6. Describe gross motor ability. Please note any difficulties such as balance, problems running, clumsiness, etc.

7. Note fine motor ability

a. Cutting-

b. Coloring-

c. Puzzles-

d. Writing-

8. How does this child interact and play with peers?

9. How does he/she relate to adults?

10. Does child generally appear happy?

11. Does child separate appropriately?

12. Comment on attention:

a. Ability to follow simple directions-

b. Is child able to sit for circle time?

c. Activity level-

d. Impulsivity-

13. Discuss cognitive/readiness skills.

a. Colors/shapes-

b. Recognizing letters/numbers-

c. Counting/one to one correspondence-

14. Please comment on self-help skills.

a. Toileting-

b. Dressing/undressing jacket, etc-

c. Level of independence-

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