

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-