



To the teacher/child care provider:

The parent/guardian who has given you this form is applying to Birchwood School’s preschool or pre-k program for his/her child for the 2015-2016 school year. We are asking if you would kindly take a few minutes to complete this form and return it to our school. This will become a part of the confidential admission file. **We are also asking the school administration to attach a copy of the child’s latest progress report, observations, or comments.** Thank you in advance for all your work in filling out this form. We are working to ensure that each child has a smooth and supportive transition into our school.

Warmest regards,

Donna Parrino, Director of Admissions

Applicant’s Name: \_\_\_\_\_

First

Last

Social Emotional Skills

This child...	Yes	No	Sometimes	With Assistance
Separates from family members successfully				
Expresses their needs verbally				
Responds to behavior guidance and redirection without exhibiting aggressive behavior toward teachers and children				
Participates successfully in groups				
Observes and follows rules				



### Physical Development

This child....	Yes	No	Sometimes
Demonstrates eye-hand coordination			
Begins to show fine motor control			
Demonstrates balance and control during gross motor activities			
Demonstrates independence in hygiene			
Demonstrates independence in eating and feeding himself/herself			

### Approaches to Learning

This child...	Yes	No	Sometimes	With Assistance
Participates in a variety of tasks, and completes most of them				
Makes independent choices				
Maintains concentration and interest despite distractions				

### Language and Literacy Development

This child...	Yes	No	Sometimes	With Assistance
Follows directions (1-3 steps)				
Expresses ideas in complete sentences				
Shows awareness that words can begin with the same sound				
Shows interest in reading related activities				
Experiments with different writing tools and materials				

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Math Skills

This child...	Yes	No	Sometimes	With Assistance
Explores with materials				
Classifies and sorts objects according to color				
Recognizes numerals 0-9				

1. Please share with us what the child's interests are and what he/she enjoys doing in school.

2. Please share with us anything that may frustrate this child.

3. Please describe any of the child's strengths and challenges that you feel would be helpful for us to know.

Name (Print) \_\_\_\_\_ Position \_\_\_\_\_

Length of time acquainted with applicant \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ School Email \_\_\_\_\_

School Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_