

Pre-School Experience Please return this form to Kris Sweeny at ksweeny@saddleriverday.org All replies are strictly confidential.

Child's Name	Date
Pre-School	Phone
Name of person completing this form	
Would you be available to follow up with a phone call if n	ecessary?
How long have you worked with this child?	
What type of program is your school?	
How many days does this child attend your program and for how many hours per day?	

<u>Readiness Skills</u>- Please address areas such as social and emotional growth, independence, attention span, ability to focus on a task, organizational skills, speech articulation, language development, fine and large motor skills and special strengths.

<u>Growth and Development</u>- Please address areas such as learning style, approaches you have found successful, modifications, overall strengths and areas of concern.

<u>Other</u>- Please share any other comments or concerns you have about this child or any other information you feel would help us to get to know this child better.