

Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

Overview of Child's Performance in General Education Preschool

Child's Name _____ Site _____ Preschool Teacher _____ Date _____

Date	Preschool Screenings	Results	
	General Development (excluding Communication)	^ Passed	^ Referred to Child Development Support Staff
	Communication/Speech/Language	^ Passed	^ Referred to School Site Speech Therapist
	Social/Emotional	^ Passed	^ Referred to Case Management

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Information regarding the Preschool child's abilities:

Alphabet knowledge

Knows letters of the alphabet: Uppercase ____ of 26 lowercase ____ of 26

Knows letter sounds Notes: _____

Recognizes: First Name Last Name Notes: _____

Writes: First Name Last Name Notes: _____

Knows age

Personal Skills

Names body parts Notes: _____

Able to feed self with spoon/fork Notes: _____

Able to drink from a cup Notes: _____

Able to dress self, do buttons/zippers Notes: _____

Able to use the toilet independently Notes: _____

Number Skills

Rote Counts up to ____ Notes: _____

One to one Correspondence up to ____ objects Notes: _____

Recognizes Numbers Notes: _____

Social Skills

Able to have conversations with others Notes: _____

Able to speak in 3 word sentences Notes: _____

Shares joy/affect with others Notes: _____

Able to answer questions (who what where,etc) Notes: _____

Participates in organized play with others Notes: _____

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Colors/Objects

Recognizes colors Notes: _____

Matches colors Notes: _____

Matches/sorts objects Notes: _____

Knows size/position/directions (ie; up and down) Notes: _____

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