

My Picture

Please paste or staple child's picture here

All About Me



Child's Name: _____ Date of Birth: _____

Pre-Kindergarten Teacher or Child Care Provider's Name: _____

Program Name: _____ Star Rating of Program: _____

Program Mailing Address: _____

Program Phone Number: _____ Length of Time Child has Been in your Program: _____

* Please Check School System Child Will Be Attending: Danville City Schools Pittsylvania County Schools
 * Name of School Child Plans to Attend: _____

Section I

Based on your personal observations and experience, please mark the column that best describes the child's abilities at this time.

	Most of the time	Some of the time	Not yet	Addressed in IEP goals
Attitude toward learning				
Shows enthusiasm about learning				
Shows curiosity about learning				
Language and Literacy Development				
Communicates needs verbally				
Communicates thoughts verbally				
Listens with interest to stories read aloud				
Follows two-step directions				
Mathematical Thinking Development				
Sorts by like properties (color, shape, etc.)				
Matches by like properties (color, shape etc.)				
Points while counting at least five different objects				
Social and Emotional Development				
Shares toys or objects with other children				
Takes turns with other children				
Express her/his feelings with appropriate words				
Keeps hands to self				
Keeps feet to self				
Participates in group time (example sings songs with group; follows along while teacher reads book)				
Follows classroom routines				
Physical Development				
Zips up own clothing (small muscles)				
Snaps up own clothing (small muscles)				
Buttons own clothing (small muscles)				
Pedals and steers a tricycle, avoiding large obstacles (large muscles)				

Additional Comments About This Child's Abilities:



Section II

Please Circle or check the appropriate response.

1) Child knows: Full Name Yes Not Yet
 Age Yes Not Yet
 Parent(s) Name Yes Not Yet

2) Average length of child's attention span: ___ Less than 5 minutes ___ 5 to 10 minutes ___ More than 10 Minutes

3) Child's overall attendance (coming regularly and following set arrival and departure times):
 Most of the time Some of the Time Rarely

Section III

Please circle answers (yes, no, do not know) and write responses in space provided.

4) To the best of your knowledge, has the child been referred to or evaluated by an outside source for special needs or services?

Yes No Do not know

5) If the answer is yes, please explain and give dates (if available), describe any placements either made or in process and identify a contact person for further information.

Explanation	Dates of Evaluation or Referral	Describe any Placements (Made or in Process)	Contact Person(s) For Further Information

6) If the answer is no, do you feel this child could possibly benefit from special services such as speech therapy, physical therapy, occupational therapy, or assistance with behavioral development?

Yes No Do not know

7) If the answer is yes, please why:

8) What methods of positive behavior support have been successful with this child?

9) Please use the following space to describe any needs or circumstances in this child's life and hints that would be helpful for a future teacher to know.

Examples: "Has unusual fear of dogs because he was bitten as a toddler."
"Settles down for a rest much faster if she has a stuffed animal to hold."

Needs or Circumstances in this Child's Life	Helpful Hints for Future Teachers

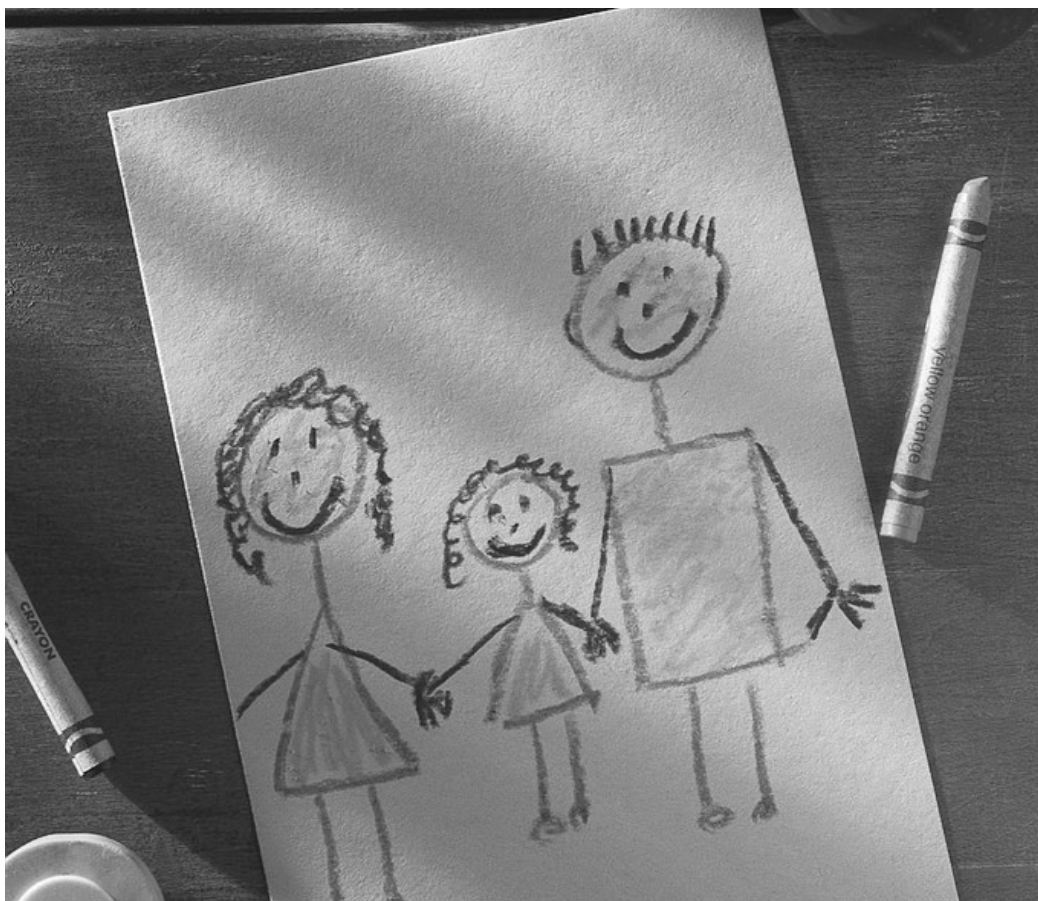
Parent/Caregiver Consent _____ (Signature) _____ (Date)

Address: _____ Phone _____

Person Completing this Form _____ (Signature) _____ (Date)

**Thank you for completing the All About Me form.
Your responses will help support this child's smooth transition into kindergarten**

- * Please attach to this document a recent sample of the child's efforts to write his/her name
- * Please attach to this document a recent sample of this child's efforts to draw a person





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