

**Preschool Teacher Form**

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| --- | --- | --- | --- |
| NAME: |  | DATE: |  |
| BIRTHDATE:  |  | GRADE:  |  |
| PARENT (S):  |  | STUDENT ID #: |  |
| ADDRESS:  |  | SCHOOL: |  |
| TELEPHONE #:  |  | TEACHER: |  |

**Section I: Schedule**

|  |  |
| --- | --- |
| Site |  |
| Days  |  |
| Hours |  |
| Times Student is Unavailable |  |
| # of Absences | # |

**Section II: School Services & Supports**

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| --- | --- | --- |
| **Service/Support** | **Yes/No** | **Provider/s** |
| Behavior Support | yes/no |  |
| BIP (Attach forms.) | yes/no |  |
| Speech/Language | yes/no |  |
| Occupational Therapy | yes/no |  |
| Physical Therapy | yes/no |  |
| Hearing | yes/no |  |
| Vision | yes/no |  |
| Orthopedic Impairment | yes/no |  |

**Section III: Health Information**

|  |  |
| --- | --- |
| Visual Acuity |  |
| Hearing Screening |  |
| Health Concerns |  |
| Medications & Dosages |  |

**Section IV: School & Social Skills**

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| What are the student’s strengths, talents, and interests?  |
| What activities or items are motivating or reinforcing for the child? |
| What are the areas of challenge for the student? |
| Describe the child’s present skill level: |
| Describe the student’s relationships with peers and school personnel. |
| Summarize the student’s progress since enrolling in PACE. |
| Describe any other pertinent information. |

***\*Section V needs to be completed for Autism evaluations only***

**\*Section V: Language & Social Skills**

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| What is the student’s mode/s of communication (e.g. verbal, signs, pointing, etc.)? |
| Describe the student’s engagement in make-believe play and social imitative play.  |
| Does the student demonstrate a repetitive use of language (such as echolalia, “movie talk”, or perseverative speech)? If so, please list examples. |
| Does the student seek to share enjoyment, interests, or achievements with other people?  |
| Describe any very strong interests in a particular kind of object (e.g. rocks or trains), a particular part of objects (e.g. the wheels on toy cars), or a certain activity (e.g. flushing the toilet).  |
| Does the student engage in repetitive motor mannerisms or self-stimulating behaviors (e.g. hand flapping, finger flicking, watching things fall, or body rocking)? If so, please describe. |