

**Maine Child Psychology**  
**322 West Road**  
**Belgrade, ME 04917**  
**Telephone: (207) 221-2631; fax: (866) 611-6717**

**Report on Preschool or Daycare Participation**

*Note: This form is to be completed by the preschool or daycare program staff*

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preschool/Daycare attending: \_\_\_\_\_ Program telephone #: \_\_\_\_\_

Days and hours of attendance: \_\_\_\_\_

Is attendance regular?  Yes  No

If not, please explain: \_\_\_\_\_

What are this child's strengths? \_\_\_\_\_

Please describe this child's behavior in this program, and any behavior concerns you have: \_\_\_\_\_

Please list any concerns you have with this child's development, skills or learning: \_\_\_\_\_

Tell us about this child's interactions with adults and other children: \_\_\_\_\_

Are there other concerns you have, or which you feel deserve further evaluation? \_\_\_\_\_

Does this child have a program aide or other individual assistance?  Yes  No      If yes, please explain: \_\_\_\_\_

Does this child receive specially designed instruction or therapy (e.g., OT, ST)?  Yes  No      If so, please describe: \_\_\_\_\_

Please list accommodations or supports this child receives: \_\_\_\_\_

This form completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your position (teacher, aide, daycare provider, etc.) \_\_\_\_\_ Thank you!