

Maine Child Psychology
14 Stonewall Way, Falmouth, ME 04105
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: _____ 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 concerns you have. Please list observable behaviors:

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. Please list observable behaviors:

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!