

**Maine Child Psychology**  
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**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: \_\_\_\_\_

This form completed by: \_\_\_\_\_ Your position: \_\_\_\_\_

Referring CDS Site/Case Manager: \_\_\_\_\_

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 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:

Today's Date: \_\_\_\_\_

Thank you! Maine Child Psychology