

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:

Preschool/Daycare name:

Telephone #:

This form completed by:

Your position:

Referring CDS Site/Case Manager:

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