



PRESCHOOL REPORT

Child's Name: _____

Name of Preschool: _____

Please tick (✓) the appropriate column using this rating:

1 – Excellent

2 – Very Good

3 – Good

4 – Fair

5 – Cannot yet cope

GENERAL READINESS:	1	2	3	4	5
a. Listens and follows simple instructions					
b. Is able to sit and complete a short activity					
c. Eats his/her own lunch without assistance					
d. Waits his/her turn					
e. Interacts in a co-operative manner with peers and adults					
f. Is able to follow a daily routine					
g. Obeys teacher's instructions					
ACADEMIC READINESS:	1	2	3	4	5
a. Recognition of letters of the alphabet					
b. Knowledge of phonics (letter sounds)					
c. Can write his/her own name					
d. Can write the letters of the alphabet					
e. Can count from 1-20					
f. Recognition of 1 -10					
g. Recognition of values from 1 - 10					

ADDITIONAL REMARKS ON SOCIAL BEHAVIOR AND LEVEL OF READINESS FOR FORMAL PRIMARY EDUCATION:

Principal of Pre School: _____

Print Name: _____

Signature: _____

Contact Number: _____

Address: _____

SCHOOL STAMP

Date: _____