## Preschool Information Form 2025-2026

If your child has not recently attended a preschool class at the Byron Center Public School Early Childhood Center, please have your child's preschool teacher complete this form and return it with your registration packet or fax it to 616-878-3203.

Child's Name:		7		hdate:			Gender:	M	F
Teacher's Name:					Schoo	ol:			
Please rate the following skills: Green=Posi				tive	Yellow='	Watch	Red=Concern		
Works well independ	Listens and follows directions		tions:	Attention Span:		Social Interaction:			
Green Yellow Red Green Yellow			w Re	d Green Yellow R			d Green Yellow Red		
Instructional Performance:				I Can I am		I am I	mproving I need help		
<b>Literacy</b> (recognizes name and some uppercase letters)				•		•		•	
Phonemic Awareness (hears beginning sounds and rhyming words)				•		•		•	
Math (Identifies #'s, counts, & writes #'s neatly and in order)				•		•		•	
Fine Motor (uses correct pencil grasp, draws a 6-part person, writes name legibly)				•			•		
This child has been exposed to: (circle if applicable)				Zoo Phonics Handwriting without Tears  Developmental					Tears
My recommendation would be for placement in Kindergarten (Like Young 's) Kindergarten								I	
Comments:									
Health Needs:									
Teacher's Signat	ure:								