

Pre-K Problem Identification Form

Student Name: _____

DOB: _____ Age: _____

School: _____

Ethnicity/Sex: _____

Parent Name: _____

Phone (h): _____

Address: _____

Phone (c): _____

Check the presenting problems, including what makes it difficult to teach this student and what factors may be impeding his/her learning.

Adaptive

- Toileting
- Feeding/Drinking
- Avoids dangers/cautious
- Organizes own activities

Cognitive

- Labels colors/shapes
- Matches/sorts by one attribute
- Recognizes some letters
- Rote counts
- Attends to activities 5-7 minutes
- Attends/answers simple questions from a story
- Describes own pictures
- Identifies big and little

Communication

- Follows 1 and 2 step directions
- Speaks in sentences
- Labels common objects
- Responds to "wh" questions
- Speaks clearly
- Carries on a conversation over 3-2 turns

Motor Development

- Imitates fine motor movements
- Imitates gross motor movements
- Draws simple shapes
- Draws a person
- Colors simple shapes
- Cuts with scissors

Social/Emotional Development

- Interacts with peers/adults
- Has friends
- Follows rules
- Shares with peers
- Transitions between activities
- Knows and responds to name
- Participates in large/small group verbally
- Accepts teacher directions in a reasonable time frame

Other difficulty not listed above (please describe): _____

When is the problem most apparent? _____

When is the problem least apparent? _____

Student's strengths and interests: _____

Behavior:

Absences/Tardies: _____ / _____

Discipline referrals: _____

Conduct grade: _____

Medical history (significant health concerns, major childhood illness/disease, diagnosed syndrome, adaptive, motor, medication): _____

Previously evaluated by school? _____

Private evaluator? _____

Is the student currently receiving the following services? (check all that apply)

- Speech
- Special Education
- 504 Plan
- OT/PT
- ESOL
- Community Services (e.g. Transitional Family Services, Able Tree, Families Forward)
- Previously in Babies Can't Wait