

APPLICANT'S INFORMATION		
FULL NAME *		
DATE OF BIRTH *	GENDER *	M / F
DIAGNOSIS *		

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING THE APPLICATION
TO THE BEST OF YOUR KNOWLEDGE

INITIAL ASSESSMENT CHECKLIST			
SOCIAL-EMOTIONAL DEVELOPMENT	YES/NO		COMMENTS
Interacts well with others	YES	NO	
Participates in group activities	YES	NO	
Keeps hands to self (respecting others' space)	YES	NO	
Respects rules	YES	NO	
Shows self-confidence	YES	NO	
Takes care of own needs	YES	NO	
WORK HABITS	YES/NO		COMMENTS
Listens attentively	YES	NO	
Follows simple directions	YES	NO	
Handles materials carefully	YES	NO	
Has good clean-up habits	YES	NO	
FINE MOTOR SKILLS	YES/NO		COMMENTS
Fits small items together	YES	NO	
Holds pencil/marker correctly	YES	NO	
Uses scissors effectively	YES	NO	
Can print first name	YES	NO	

LITERARY SKILLS	YES/NO		COMMENTS
Shows interest in books/stories	YES	NO	
Answers questions about stories	YES	NO	
Retells familiar stories	YES	NO	
Shows interest in writing	YES	NO	
Dictates sentences to be written	YES	NO	
Writes using pictures/symbols/letters	YES	NO	
Identifies same and different	YES	NO	
Recognizes own name in print	YES	NO	
Identifies letters	YES	NO	
NUMERACY SKILLS	YES/NO		COMMENTS
Sorts objects by color	YES	NO	
Sorts objects by shape	YES	NO	
Sorts objects by size	YES	NO	
Identifies primary colors	YES	NO	
Identifies secondary colors	YES	NO	
Verbally counts to 10	YES	NO	
Counts objects 1-10	YES	NO	
Identifies numerals 0-10	YES	NO	
Arranges size in order	YES	NO	
Makes simple patterns	YES	NO	
Can complete patterns	YES	NO	

DECLARATION

I CERTIFY THAT I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND ALL THE INFORMATION PROVIDED IS TRUE.

PRINT NAME

SIGNATURE

DATE