Preschool Information Form 2024-2025

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 with your registration packet or fax it to 616-878-3203.

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Child's Name:		В		te:		Gender:	M	F
Teacher's Name:					School:			
Please rat	llowing skills: (Green=Posit	ive Yellow=Watch Re			ed=Concern		
Works well independently: Listens and follows direct				Attentio	Soci	Social Interaction:		
Green Yellow	Red	Green Yello	w Red	Green Yellow Rec		d Green	Green Yellow Red	
Instructional Performance:				I Can	Can I am Improving		I need help	
Literacy (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, write name legibly)				•		•	•	
This child has been exposed to: (circle if applicable)				Zoo Phonics Handwriting without Tears Developmental				
My recommendation would be for placement in				Kindergarten (Like Young 's) Kindergarten				
Comments:								
Health Needs:								
rieum neeus.								
<u> </u>								
Teacher's Sigr	nature:							
Contact Phone N								