

400 Nilles Rd. - Fairfield, OH 45014 - (513) 858-4215 - Fax (513) 858-4218 www.shjs.org

Preschool Observations

| Child's Name: | |
|---|--|
| By signing the line below, the parent/guardian sto the release of the information on this form to Saci consideration regarding admittance to kinderga | red Heart of Jesus School for |
| Parent's/Guardian's Signature: | |
| Name of Preschool: | Years Attended: |
| Days per Week the Child Attended Preschool: | |
| Is the Preschool Program a ½ Day Program or Full | Day Program? |
| Preschool Teacher's Name: | |
| The answers to the following questions are to provile arning environment. | vide information about the child in a |
| 1. Describe how the child interacts with his/her p | eers. |
| | |
| | |
| Describe how the child transitions from one ac from center time to circle time). | tivity to another (i.e. the transition |
| | |
| 3. Describe how independently the child works/p | plays in the classroom. |

| 4. | Describe the child during small group instruction. (i.e., work habits & attention) |) |
|----|---|----|
| 5. | Describe the child during whole group instruction. (i.e., work habits & attention | า) |
| 6. | Does your child receive and speech or intervention services? | |
| 7. | Please, describe any other information that is important for us to know to best meet the needs of this child. | |
| | en completed please return the form to Sacred Heart of Jesus School. The owing are options for returning it: 1. Email it as a PDF to jstclair@shis.org 2. Mail it to Sacred Heart of Jesus School – Attn: Julie St. Clair, Kindergarten Sacred Heart of Jesus School 400 Nilles Road Fairfield, Ohio 45014 3. Hand deliver it to Julie St. Clair in the school office | |