

Date: _____

Preschool Assessment



Name: _____ Age: _____ Teacher: _____

Shape Recognition:



Color Recognition:

red orange yellow green blue purple pink brown white black gray

Capital Letter Recognition:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Lowercase Letter Recognition:

a b c d e f g h i j k l m n o p q r s t u v w x y z

Letter Sounds Recognition:

a b c d e f g h i j k l m n o p q r s t u v w x y z

Number Recognition:

1 2 3 4 5 6 7 8 9 10

Rote counts up to: _____ Counts objects up to: _____ Sorts by: color shape size

Yes	No	Almost		Yes	No	Almost	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can make AB patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can spell own name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holds pencil/crayon correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can write own name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses scissors correctly				

Social/Emotional Skills:

Yes	No	Sometimes		Yes	No	Sometimes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interacts with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes turns with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shares with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respects teachers and rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleans up after themselves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follows simple directions				

Notes: