

**Robert D. Reynolds School**  
391 West Saddle River Road  
Upper Saddle River, New Jersey 07458

The Nursery, Pre-School or in-home care giver who has spent time with your child can often offer information useful to the pre-school screening committee. It would be helpful to have these experiences shared with us. Please have the appropriate person fill out the form below and send directly to **Devin Severs, Robert D. Reynolds School, 391 West Saddle River Road, Upper Saddle River, NJ 07458 or fax to 201-961-9021**

**PLEASE RETURN THIS FORM BY APRIL 1<sup>st</sup>**

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**Pre – School Experiences**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Pre-School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Teacher or Caregiver: \_\_\_\_\_  
How long have you worked with this child? \_\_\_\_\_  
Is the child in a full day or part day, full-week or part-week program? \_\_\_\_\_  
Is the program Montessori, developmentally or academically based? \_\_\_\_\_

**School Readiness Skills** (social, emotional and physical development). Areas which you might address are: friendships, self-image, maturity, independence, attention span, following directions, speech articulation, expressive and receptive language, large and fine motor skills and special strengths.

**Child's Growth and Development** Questions which you might address are: What learning styles have you observed? (visual, auditory, kinesthetic). What approaches have you found to be most successful in working with this child? How can this child be helped most constructively? What concerns do you have?

Please specify areas which should receive special attention during screening or in determining appropriate school programming. (Articulation, language, maturity, following directions, etc.)